State of Utah, Dept. of Human Services Division of Substance Abuse and Mental Health

Mark I. Payne, MSW, Director

2005 Utah Higher Education Health Behavior Survey Final Report

July, 2005

Funded through the Federal Center for Substance Abuse Prevention (CSAP)

This report was prepared for the State of Utah by: **Bach Harrison, L.L.C.**116 South 500 East
Salt Lake City, Utah 84102
(801) 359-2064

TABLE OF CONTENTS

Executive Summary	İ
Introduction	1
Survey Methods	2
Survey Questionnaire	2
Survey Administration	3
Survey Sample, Completion Rate, and the Ability to Generalize the Results	4
Survey Participants	6
Validity of the Data	8
Prevalence of Substance Use	10
Use of Alcohol, Tobacco, and Other Drugs (ATODs)	10
Lifetime ATOD Use	10
Past Year ATOD Use	
Past Month ATOD Use	
ATOD Use by Participant Characteristics	16
Risk and Protective Factors for Substance Abuse	20
Percentage of Students At-risk Calculation	20
Risk Factors for College Students	21
Treatment Needs	25
The Criteria for Psychoactive Substance Dependence	26
Mental Health Scale	29
Health and Safety Issues	30
Prevention Programs and Campus Policies	32
Perceived Substance Use	33
Summary	34

Tables

Table 1	Participating Colleges and Universities	4
Table 2	Comparison of Survey Participation with Campus Enrollment	6
Table 3	Participant Characteristics Compared to Characteristics of Enrolled Students	7
Table 4	Lifetime Substance Use: Males, Females, and Total	12
Table 5	2005 Utah College Lifetime Substance Use: By Class Level	12
Table 6	Past Year Substance Use: Males, Females, and Total	13
Table 7	2005 Utah College Past Year Substance Use: By Class Level	14
Table 8	Past 30 Day Substance Use: Males, Females, and Total	15
Table 9	2005 Utah College Past 30 Day Substance Use: By Class Level	15
Table 10	ATOD Use by Participant Characteristics – Weighted Sample	16
Table 11	Risk Factors for Utah College Freshmen 2003, Utah 12the Grade High School Students 2003, Utah College Freshmen 2005, and Utah College Undergraduates 2005	22
Table 12	Depressive Symptoms for Freshmen Age 18-19, All College Students, and 12 th Grade High School Students	23
Table 13	Perceived Availability for Freshmen Age 18-19, All College Students, and 12 th Grade High School Students	24
Table 14	Age of First Drug Use (Of Those Who Have Used at Least Once in Their Lifetime)	25
Table 15	Need for Treatment Questions	27
Table 16	Percentage Needing Treatment	27
Table 17	Treatment Needs by Participant Characteristics	28
Table 18	Measures of Mental Health	29
Table 19	Body Mass Index Classifications by Participant Characteristics	31
Table 20	Student Health and Dieting Issues by Body Mass Index Classifications	31
Table 21	Campus Drug and Alcohol Prevention Policies	33
Table 22	Perceptions of Peer Substance Use and Actual Use Rates	34

Figures

Figure 1	Substance Use by Grade Point Average	18
Figure 2	Substance Use by Religious Participation	19
Figure 3	Substance Use by Religious Preference	19
Figure 4	Risk Factor Scores for College Freshmen, High School Seniors, and College Undergraduates	22

Appendices

- A. 2005 Utah Higher Education Health Behavior Survey
- B. Survey Administration Materials: Online Student Invitation to Participate, Teacher Survey Administration Instructions, Class Administration Instructions and Script
- C. Responses from Online Surveys Compared to In-Class Surveys
- D. Utah Higher Education Survey Frequency and Percentage for Each Question

STATE OF UTAH

DEPARTMENT OF HUMAN SERVICES DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

UTAH HIGHER EDUCATION HEALTH BEHAVIOR SURVEY 2005 RESULTS

EXECUTIVE SUMMARY

During the spring of 2005, the Utah Division of Substance Abuse and Mental Health (DSAMH) conducted a second statewide survey of college students called the **Utah Higher Education Health Behavior Survey** (College Survey). The first college survey was conducted in the spring of 2003 with 4,658 participants. This 2005 survey was completed by a total of 11,828 students attending the nine Utah public colleges and Westminster College. In order to make comparisons to the results of the 2003 survey, only the results from the nine public colleges are presented in this report. The participating public colleges include College of Eastern Utah (CEU), Dixie State College (Dixie), Salt Lake Community College (SLCC), Snow College (SNOW), Southern Utah University (SUU), University of Utah (UU), Utah State University (USU), Utah Valley State College (UVSC), and Weber State University (Weber).

The 2005 College Survey had several objectives: 1) assess the prevalence of alcohol, tobacco, and other drug (ATOD) use on Utah campuses, 2) measure the need for substance abuse treatment by college students, 3) gain information about health and safety issues facing college students, 4) measure students' perception of substance abuse prevention and policies on campus, 5) measure the levels of selected risk factors for substance abuse, and 6) compare the results to those obtained from the 2003 College Survey.

Survey Sample, Completion Rate, and the Ability to Generalize the Results

The Utah College Survey was designed to provide valid results at the state level as well as the individual campus level. Thus, the survey was designed to sample students from each college according to the population of the college and the number of students in each college class level (freshmen, sophomore, junior and senior). The survey was designed to sample 9,431 students across the state which would allow detailed analyses for each college. This goal was exceeded by the colleges (11,828 surveys were completed) and several colleges conducted additional surveys of select groups such as fraternities, sororities, and athletes. A comparison between the demographics of those who completed the survey and all students enrolled in Utah colleges showed that the characteristics of the survey sample were similar to the Utah college population. Thus, the survey produced sufficient data to allow analyses that can be used for prevention and treatment planning for Utah's college population. The analyses of the 2005 College Survey data included weighting the data to account for the large representation of students at the smaller campuses. For example, The College of Eastern Utah accounted for 7.6% of the sample, yet only

comprises 1.7% of the total Utah campus enrollment. Thus, without weighting, CEU would be over-represented in the state-wide analysis. There were also some changes that were made to the data from the 2003 survey prior to making comparisons to the 2005 survey. These included the addition of surveys conducted by SLCC and Weber that were conducted in the spring of 2004 and weighting the data to make it comparable to the 2005 data. Thus, the results presented in this report will not match exactly those presented in the 2003 report. The final number of surveys included in the 2003 database and used for comparison is 6,336.

Summary of Results

Lifetime Use of Alcohol, Tobacco, and Other Drugs (ATODs)

It is obvious from the survey results shown in Table 1 on the following page that fewer Utah college students report having used substances in their lifetime than other students in the United States. The national survey that was used for comparison is the University of Michigan survey called Monitoring the Future (MTF). The latest results from the MTF survey are from 2003. Having comparison groups is important to better understand the results of the Utah College Survey. Utah students have a lifetime use rate of alcohol, marijuana, and ecstasy that is less than one-half the rate of the national sample. The substances most often used at least once by Utah students are alcohol (44.2%), cigarettes (31.3%), and marijuana (26.3%). The wording of the questions that asked about sedative use changed slightly from the 2003 survey to the 2005 survey. In the 2003 survey, the questions asked respondents whether they had used "sedatives (downers, ludes)?" In 2005, the question had been updated and asked respondents whether they had used "sedatives (tranquilizers, such as valium or xanax, barbiturates, or sleeping pills)?" This change resulted in sedatives on the College Survey being comprised of two MTF categories, tranquilizers and barbiturates. The highest use category from MTF, tranquilizers, is reported in Table 1.

A comparison of the results from 2003 to 2005 reveals that the use rate for most substances remained fairly constant with the exception of stimulants which decreased to approximately one-half the 2003 rate (12.7% to 6.1%). Heroin or other opiate use increased from 2.3% to 4.8% but is still much lower than the national average.

Past Year ATOD Use

As with lifetime use, the ATOD past year use rate for the national sample is substantially higher than the Utah sample. For example, Utah students have approximately one-quarter the rate of use of hallucinogens, cocaine, stimulants, and heroin or other opiates and one-third the use rate for alcohol, marijuana, and ecstasy as other students in the United States. The new sedative category for 2005 resulted in an apparent doubling of sedative in use from 2003 to 2005 (2.5% to 5.8%). This increase is probably due to more drugs included in the category rather than an increase in sedative use. See Table 1 on the following page for more detail.

Past Month ATOD Use

Current substance use by Utah college students (use in the 30 days prior to the survey) is much lower than students nationally. Like use in the past year, Utah students have approximately one-third the rate of use in the past 30 days for cigarettes, alcohol, cocaine, and any drug and less than one-quarter the use rate of marijuana, hallucinogens, and stimulants than other students in the United States. A comparison to the results of the 2003 survey reveals that with the exception of stimulants that decreased from 2.7% to .6%, substance use rates did not show any large changes. See Table 1 for more information on 2003, 2005, and MTF ATOD use rates.

Table 1: Lifetime, Past Year, and 30-Day Substance Use: Utah College Students 2003 and 2005

	Lifetime			Past Year			30-Day		
Substance	Total		Total			Total			
Cusotanio	Utah 2003	Utah 2005	MTF 2003	Utah 2003	Utah 2005	MTF 2003	Utah 2003	Utah 2005	MTF 2003
Tobacco (Cigarettes and Smokeless Tobacco)	27.1	32.7					9.5	8.7	
Cigarette	25.7	31.3				35.2	8.6	7.9	22.5
Chewing tobacco	9.9	11.6					1.5	1.6	
Alcohol	39.7	44.2	86.2	27.8	30.4	81.7	20.4	22.1	66.2
Marijuana	24.0	26.3	50.7	10.2	9.1	33.7	5.4	4.6	19.3
Hallucinogens	8.0	8.8	14.5	2.1	1.6	7.4	0.4	0.4	1.8
Cocaine	6.6	7.0	9.2	1.8	1.8	5.4	0.7	0.5	1.9
Inhalants	4.7	6.6	9.7	0.5	8.0	1.8	0.2	0.2	0.4
Stimulant	12.7	6.1	12.3	5.2	1.8	7.1	2.7	0.6	3.1
Sedatives	5.8	8.9	*11.0	2.5	5.8	*6.9	1.3	2.6	*2.8
Heroin or Other Opiates	2.3	4.8	14.2	0.5	2.2	8.7	0.3	1.0	2.3
DXM (cough syrup)		3.4			8.0			0.2	
MDMA (Ecstasy)	5.7	4.8	12.9	1.9	1.5	4.4	0.4	0.4	1.0
Other Club Drugs	0.2	1.9		0.1	0.4		0.1	0.1	
Any Drug	28.9	30.1	54.1	14.5	14.0	36.0	8.3	7.4	21.9

MTF value for Tranquilizers

ATOD Use by Participant Characteristics

Binge drinking is defined as having five or more drinks at a sitting. Males engage in binge drinking more than females (males = 14.0%, females = 9.7%), those from another country binge drink (29.2%) more than those from Utah (11.0%), and individuals in fraternities or sororities have the highest rate of binge drinking at 60.0%. Unlike 2003 results, freshmen did not binge drink (11.4%) at a rate higher than students in other classes. Students 24 years of age and younger used cigarettes in the past 30 days at about one-half the rate (6.4% compared to 11.9%) of students older than 24 and part-time students smoked more than full time students (12.3% to 6.6%). The groups with the highest smoking rates are fraternities/sororities at 60% and separated or divorced individuals at 20.2%. Marijuana use was higher among males than females (5.5% to 3.8%) and highest among fraternity/sorority members (20.5%).

⁻⁻⁻ Indicates an area where data could not be gathered or is not available

Risk and Protective Factors

In order to validate the risk factor approach with college students, the freshmen from the College Survey were compared to students in grade 12 from the 2003 Utah Student Health and Risk Prevention Survey (SHARP). The percent of students at risk can go from zero to 100 percent, and the values of Utah college freshmen, Utah college undergraduates, and Utah 12th grade students can be seen in Table 2. The college freshmen tend to be more at risk than the high school seniors for attitudes favorable toward drug use, and high school seniors tend to be more at risk for depression and rebelliousness.

Table 2: Risk Factors for Utah College Freshmen 2003, Utah 12th Grade High School Students 2003, Utah College Freshmen 2005, and Utah College Undergraduates 2005

	Percent at Risk							
Risk Factors	2003 College Freshmen	2003 Grade 12 SHARP	2005 College Freshmen	2005 College Undergrad				
Perceived availability of drugs scale	33.3	40.4	26.7	25.1				
Attitudes favorable to drug use scale	27.8	15.6	28.6	31.3				
Perceived risk of drug use scale	18.8	23.6	20.8	22.3				
Rebelliousness scale		34.9	23.7	21.1				
Depressive symptoms scale	16.8	38.0	16.5	14.3				

⁻⁻⁻ Indicates an area where data could not be gathered or is not available

Depressive Symptoms

Rates of reporting depressive symptoms were compared for the following three groups: college freshmen, all college students, and Utah 12th graders. Over twice as many 12th graders as college students are at risk on the depressive symptoms scale. A review of responses on the four-point scale, 1) Definitely Not True, 2) Mostly Not True, 3) Mostly True, and 4) Definitely True, shows that the lower percentage for college students is a result of their reporting a much higher rate of "Definitely Not True" and a much lower rate of "Mostly True" to the following four items: Sometimes I think that life if not worth it; At times I think that I am no good at all; All in all, I am inclined to think that I am a failure; In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes. The differences between college students and 12th grade students held for all four items as well as for freshmen and all college students. Thus, it appears that high school students who choose to attend college do not report as high a rate of depressive symptoms as students who do not attend college.

Perceived Availability

A review of the scale items for availability of drugs shows that age of students certainly has an effect on their responses. For example, older students rate alcohol as easier to get than freshmen and 12th grade students, while a greater percentage of 12th grade students rate marijuana as very easy to get (39.9% as compared to 20.3% of college students).

Age of Initiation

College students were asked to report when, if ever, they first used ATODs. In calculating the average age of initiation, only the ages indicated by students who had used the substance before were taken into account. Students begin using inhalants before using any other substance. Of the college students who had used inhalants, the average age of first use was 15.3 years. Age of initiation for alcohol and marijuana are approximately the same – 16.4 and 16.6 years respectively, and students who used other illegal drugs indicated that they began using them at approximately 17 to 18 years of age. The age of initiation for college students is higher than that of Utah high school seniors. On the 2003 student survey, high school students report an average age of initiation for alcohol of 12.8 years, and marijuana 13.6 years. College students have a later average of initiation of ATOD use by over three years. The earlier young people begin using ATODs the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before age fifteen are at twice the risk of having drug problems as those who wait until after age nineteen.

Drug and Alcohol Treatment Needs

The underlying assumption of the need for treatment analysis is that if an individual receives a diagnosis of substance dependence for any of the substances surveyed, that individual is assumed to need treatment. Six questions in the survey were used to determine need for treatment. Students were asked if they had ever done any of the following in the past 12 months: spent more time using drugs/alcohol than he or she intended, neglected responsibilities because of drugs/alcohol, wanted to cut down on drugs/alcohol use, had others object to his or her alcohol or drug use, frequently thought about using drugs/alcohol, and used drugs/alcohol to relieve bad feelings. Applying the criteria that three or more "yes" responses indicate need for treatment reveals that 9.1% of students need treatment for alcohol problems and 4.1% need treatment for drug problems, with a total of 10.8% of college students needing treatment for alcohol or drug problems.

Mental Health Treatment Needs

According to information published by the DSAMH, the Positive Mental Health Index (PMHI) is a sub-scale of the General Well-Being Schedule which focuses on symptoms and social functioning. In Utah, the PMHI has been used in statewide substance abuse need assessment studies to assist in identifying psychological distress and dysfunction. The results from the 2005 College Survey show that more students have clinically significant scores (need mental health treatment) than the general population. For male students, 22.6% need mental health treatment compared to 14.4% of the general population; and 32.1% of females need treatment compared to 16.9% for the general population.

Health and Smoking Issues

Because smoking is related to many health problems, smoking prevention and treatment programs have been implemented at the state and national levels. Among youth there has been a reduction in rates of smoking over the past several years. In this survey, 31.3% of the students

have tried cigarettes in their lifetime. Only 7.9% smoked during the past 30 days, compared to 8.6% in the 2003 College Survey. However, the number of individuals who smoke regularly (every day) is much less. When asked about how often they used cigarettes, 4.2% responded that they smoked regularly. Thus, the number of every-day smokers is quite low on Utah campuses.

When asked if they had (in the past year) stopped smoking for a day or longer because they were trying to quit smoking, almost half of the smokers (46.4%) reported "yes." The services that individuals who smoked during the past year would use to quit include: calling a quit line (34.3%), going to a campus-based clinic or class (31.6%), counseling from a doctor or nurse (35.0%), self help materials (31.3%), or other methods (32.6%). Additionally, 74.1% of all students indicated that they would support a policy to make their campus tobacco-free.

Health and Safety Issues

The survey questionnaire asked each student for his or her height and weight to use to calculate their Body Mass Index (BMI). While not all students completed the height and weight questions, for those who did, the BMI was calculated and used to determine the relationship between BMI and exercise and dieting. Of all respondents who completed the height and weight questions, 4.4% were classified as underweight, 61.4% as normal, 23.2% as overweight, and 11.1% as obese. By participant characteristics, more males than females tend to be overweight (30.4% of males compared to 16.8% of females) and obese (11.8% of males compared to 10.5% of females). Age and marital status also appear to be a factor, as more students over the age of 24 were classified as overweight or obese than students 24 and younger, and more married, separated, divorced, widowed or cohabitating individuals were classified as overweight or obese than single individuals.

Other health and safety information gathered from the survey revealed that 8.9% of students reported driving under the influence (DUI) of drugs or alcohol, 0.6% reported being arrested for DUI, 89.1% reported wearing a seatbelt all of the time or most of the time when someone else was driving, and 89.7% reported wearing a seatbelt all of the time or most of the time when they were driving. Of the students who rode bicycles in the past year, 52.4% never or rarely wore a helmet. Most students do not eat the recommended five or more servings of fruits or vegetables per day (only 22.5% eat five or more servings per day).

Prevention Programs and Campus Policies

The College Survey contains several questions that inquire about campus ATOD prevention programs, campus policies, and student perceptions of ATOD use. Most students (70.4%) are aware that the campus has drug/alcohol policies and that campus personnel are concerned with drug/alcohol prevention (66.2%). However, over one-half (64.1%) do not know whether or not the campus has a drug/alcohol prevention program. It is interesting that most students (73.7%) support stricter discipline for campus drug/alcohol violations, however, they think that only 48.5% of other students on campus would support stricter discipline for campus drug/alcohol violations.

Perceived Substance Use

In order to determine student perception of ATOD use on campus, students were asked to indicate what percentage of students they believed had used each substance in the past year. Generally, students tend to overestimate ATOD use by their peers. However, the differences between perceived use and actual use is much less than was indicated by the results of the 2003 College Survey, when the question was asked as, "How often do you think the average student on your campus uses [specific drug]?" For example, in 2003, most students indicated that they thought the average student used alcohol (88.5%) and marijuana (79.5%) at least once in the past year. When the questions were changed to ask what percentage students perceived used the substances in the past year, it was clear that although students still overestimate the numbers of students who use alcohol, tobacco, and marijuana, students have a more realistic sense of the numbers of students using on their campuses. For example, students perceived that 42.3% of students on campus used alcohol in the past year and 21.9% used marijuana in the past year. In fact, as shown in Table 1, only 30.4% actually drank alcohol in the past year, and 9.1% actually used marijuana in the past year. These results still show that students overestimate ATOD use by their peers. Since the perception of ATOD use by others influences a student's choice to use ATODs, it is important that information about actual use rates of the various substances be made available to students on campus.

Summary

The overall participation rate by Utah students in the **2005 Utah Higher Education Health Behavior Survey** was excellent, with over twice the number of respondents as the 2003 survey. In addition, most campuses were able to reach their goals at the class level so that valid analyses could be provided for freshmen, sophomores, juniors, and seniors; as well as for the campus overall. These results produced information that can be used for prevention and treatment planning for Utah's college population. Overall, the rates of ATOD use for Utah students are much lower than for students nationally. For most substances, Utah students use at rates that are one-half to one-quarter the national rates.

INTRODUCTION

During the spring of 2005, the Utah Division of Substance Abuse and Mental Health (DSAMH) conducted a second statewide survey of college students called the **Utah Higher Education Health Behavior Survey** (College Survey). The first college survey was conducted in the spring of 2003 with 4,658 participants. This 2005 survey was completed by a total of 11,828 students attending the nine Utah public colleges and Westminster College. In order to make comparisons to the results of the 2003 survey, only the results from the nine public colleges are presented in this report. The participating public colleges include College of Eastern Utah (CEU), Dixie State College (Dixie), Salt Lake Community College (SLCC), Snow College (SNOW), Southern Utah University (SUU), University of Utah (UofU), Utah State University (USU), Utah Valley State College (UVSC), and Weber State University (Weber).

Prior to the survey, an agreement was made between the DSAMH and the participating colleges that the results would be analyzed and reported for the entire state (all participating colleges combined), and that the individual colleges would receive the results for their colleges to distribute as they deemed appropriate.

The survey had several objectives: 1) assess the prevalence of alcohol, tobacco, and other drug (ATOD) use on Utah campuses, 2) measure the need for substance abuse treatment by college students, 3) gain information about health and safety issues facing college students, 4) measure students' perception of substance abuse prevention and policies on campus, and 5) measure the levels of selected risk factors for substance abuse.

The college population is currently being targeted for additional prevention services by the federal government as well as the Utah Department of Human Services. Information contained in this report can be used by college prevention planners to plan appropriate prevention services for 18 to 25 year-old students in Utah. In addition, the DSAMH has Federal Block Grant requirements to perform regular needs assessments for both treatment and prevention services. The results from this survey will help to fulfill the prevention requirements. Finally, the information can be used by local agencies to provide appropriate prevention services to the 18 to 25 year-old student population.

This report is divided into five sections. The first section, **Survey Methods**, describes how the survey was conducted, who participated, and procedures that were used to ensure that valid information was collected. The second section, **Prevalence of Substance Use**, presents the use rates of ATODs for Utah college students. The third section, **Risk and Protective Factors for Substance Abuse**, provides a description of the Risk and Protective Factor Model of Substance Abuse Prevention, the risk factor scales measured in this survey, and the levels of risk. The fourth section, **Treatment Needs**, presents the results that asked about the need for substance abuse and mental health treatment. The fifth and final section presents **Health and Safety Issues** facing college students.

Throughout the report, results from the 2005 College Survey will be compared to the 2003 College Survey as well as the national Monitoring the Future Survey, and students in grade 12

from the Utah 2003 Student Health and Risk Prevention (SHARP) survey. The results from the state and national surveys will provide a comparison for the 2005 Utah College Survey results.

SURVEY METHODS

Survey Questionnaire

The UHEHBS was developed in a collaborative effort between the Utah Division of Substance Abuse and Mental Health (UDSAMH), the Utah Department of Health (UDOH), and the Utah State Substance Abuse Prevention Consortium (USSAP). Questions were drawn from the Youth Risk Behavior Survey (YRBS), the Prevention Needs Assessment Survey (PNA), the CORE Survey, the Behavioral Risk Factor Surveillance System (BRFSS), and the Monitoring the Future Survey (MTF). These surveys have all been used nationally, and have been extensively validated. The instrument developed for the UHEHBS consists of approximately 250 questions, and measures alcohol, tobacco, and other drug (ATOD) use, risk and protective factors, and health behaviors. The instrument yields data for each campus that can be compared to state-level and nationwide estimates. A copy of the Utah College Survey is contained in Appendix A. The final questionnaire was designed to measure the following variables and constructs:

- 1) Student demographics
- 2) Alcohol, tobacco, and other drug (ATOD) use in respondents' life-time, past year, and 30 days prior to the survey
- 3) Perceptions of ATOD use by other students
- 4) Age of first use of ATODs
- 5) The risk factor scales of perceived availability of drugs, favorable attitudes toward drug use, perceived risk of ATOD use, rebelliousness (replacing the sensation seeking scale used in the 2003 survey), and depressive symptoms
- 6) Mental health
- 7) Problems with ATODs and need for treatment
- 8) Perceptions of campus policies and resources, and general attitudes related to ATOD use
- 9) Health issues such as exercise, diet, weight gain or loss, body mass index, and sexual activity
- 10) Safety issues such as wearing a helmet while bicycle riding or seatbelt while riding in a car

After using the 2003 College Survey results, several changes to the survey form were requested by various stakeholders. A survey revision committee met several times and solicited suggestions from campus prevention staff. In addition, because the survey was quite long, an attempt was made to remove questions that had not been useful to campuses in the 2003 survey, or to combine or shorten questions wherever possible. Most of the questions on the 2005 survey match the 2003 survey. Some of the noteworthy changes that were made include the following:

1) The race/ethnicity question was changed to match CSAP's GPRA requirements.

- 2) "Cohabitating" was added as a response option in the relationship status question.
- 3) A question was added to assess student support of tobacco-free campuses.
- 4) Dextromethorphan (cough syrup) and prescription drug abuse questions were added.
- 5) Low use drugs (GHB, rohypnol, and Ketamine) were combined into a single question.
- 6) The examples of three drugs (inhalants, stimulants, and sedatives) were updated to reflect current lingo.
- 7) The wording of the perceptions of peer use questions was changed.
- 8) The sensation seeking scale was replaced with the rebelliousness scale.

Unlike the 2003 administration of the College Survey, all schools used the same survey form in 2005. An Internet version was made available to campuses which included the same questions as the paper form.

Survey Administration

Several procedures were used to administer the survey. The procedure used to administer most surveys was to ask class instructors to administer the survey to the students in their classes. Instructors were given specific instructions and a script that they read to their students prior to administering the survey (see Appendix B). The alternate procedure used by USU, SLCC, and UofU was to invite students to participate via the Internet. The invitation for the Internet survey is also in Appendix B. Each procedure will be described below.

The paper questionnaires were primarily administered in large, randomly selected classes at each institution. At the beginning of class, the instructor handed out the survey booklets. Instructions were read that informed the students that participation in the survey was voluntary, the results completely confidential, and that once completed, their booklets would be placed in an envelope and sealed. Participants were further instructed not to place any identifying information on the survey such as name or social security number. Once the survey was completed, the envelopes were picked up by a representative at each institution and given to the survey contractor to scan and analyze.

Students completing the online survey were invited to participate in different ways. At USU, a prevention staff member went to randomly selected classrooms and described the survey, including an incentive drawing, and asked students to participate. Students were given written information that included the web address and password for the survey. A staff member returned to the class at least two times to remind students to fill out the survey. At UofU and SLCC, an email was sent inviting students to participate online. At UofU, the email was sent to a randomly selected group of students, and follow-up emails were also sent. At SLCC, a combination of the two approaches was used. A prevention staff member visited randomly selected classrooms to invite students to participate, and an email was sent to all students with an SLCC email account. No follow-up emails were sent.

Students completing the online survey were given a password that could be used to log on to the Bach Harrison, L.L.C. web site. Once logged on, they completed the survey by clicking on their answers to the survey questions. The online survey questions were identical to those on the printed survey. Once students completed the survey, they were instructed to enter a second web address where they entered their name and contact information for an incentive drawing. There was no way that the two databases could be linked and thus the responses for each individual who completed the survey were completely confidential. The incentives varied across colleges but were in the form of tuition waivers and prizes worth approximately \$100.00.

Survey Sample, Completion Rate, and the Ability to Generalize the Results

The College Survey was designed to provide valid results at the state level, the individual campus level, and the academic class level within each campus. Thus, the survey was designed to sample students from each college according to the population of the college and the number of students in each college class level (freshmen, sophomore, junior and senior). Since surveys of this type generally have a 70% return rate, the sample required for a ±5% margin of error at the 95% confidence level was approximately 500 per class level. Table 1 contains the number of students enrolled in each campus, the needed sample size for both campus-level and class-level analyses, and the actual number of surveys returned. A review of Table 1 shows that most of the nine colleges were able meet or exceed the number of surveys needed, with 11,812 surveys completed (including oversamples). This represents a large increase over 2003, in which 4,658 surveys were completed (an additional 1678 surveys were collected in 2004 at Weber and SLCC for a total of 6336 surveys).

Table 1: Participating Colleges and Universities

	Julius Grand	Needed Sample Returned Surveys Mode and Type					2005
COLLEGE	Enroll- ment	Campus Level	Class Level	Paper	Online	Over- sample	Total surveys
CEU	2,471	332	717	845		Athletes 92	937
DIXIE	8,564	368	697	1,089			1,089
SLCC	25,711	379	746		1,531		1,531
SNOW	4,108	351	620	758			758
SUU	6,672	363	1,198	838			838
U of U	30,479	379	1,436	268	1,205	 Athletes 270	1,473
USU	23,908	378	1,411	709	968	Athletes 270 Greeks 179	2,126
uvsc	24,149	378	1,422	1,457			1,457
Weber	18,875	376	1,412	1,234			1,234
Westminster	2,470	781	908		369		369
UTAH TOTAL	147,407	4,086	10,567	7,198	4,073	541	11,812

Note: 16 students who took the online survey did not indicate which school they attended. These students are not included in the table above.

The response rates of the surveys are important because a low rate can introduce bias into the survey, even if the necessary number of surveys is collected. If a low number of students return the surveys relative to the number of invitations extended, then it would be reasonable to be concerned that a certain type of student is more likely to return the survey. If this is the case, the survey is no longer randomly selected and may not be representative of the student body. Because the schools used different methods of data collection, the return rates are variable. It was anticipated that the return rate would be approximately 70% for in-class surveys. Almost all students will complete a survey if they are in class when it is administered, however, some students will be absent from class that day. The return rates are calculated by examining the number of students enrolled in each participating class and comparing it to the number of students who are absent or who decline to participate. Unfortunately, this method relies on the instructor of each class to write down the numbers of students enrolled, absent, and declining. After removing the classes that did not provide good information (i.e., no information was provided or the number of surveys returned did not equal the number of students enrolled minus the absent or non-participating students), the data indicated that 74.6% of students took the survey in class, with 18.8% absent and 6.6% declining to take the survey. (It should be noted that if an instructor of a randomly selected class refused to administer the survey, this number was not figured into the response rate. It was assumed that refusal to administer the survey represented characteristics of the instructor and not the class, and therefore, the students should be randomly distributed among these instructors. Except in extreme cases, as when an entire department declines to administer the survey, this should not affect the representativeness of the sample.)

The online surveys were anticipated to yield a 25% response rate. The three schools that used the online method used slightly different methods. The University of Utah sent out 4746 randomly selected emails and follow-up reminders. Of these, 120 emails were sent back as undeliverable and 1205 students completed the survey. Therefore, the online response rate for the UofU was 26.0%. Utah State University invited 3062 students in randomly selected classrooms to participate online. An email reminder was sent to students who had provided their email addresses in the classes. The survey was completed by 968 students, yielding a response rate of 31.6%. Salt Lake Community College sent out approximately 20,000 emails and estimated that at least 25% of those email addresses were not in current use. (Students were also invited to take the survey in randomly selected classes; however, it is impossible to know how much overlap there was between students recruited in classes and students who received an email.) The survey was returned by 1530 students, yielding an approximate return rate of 10.2%. The low return rate for SLCC students was somewhat expected, as many SLCC students do not check their email and may not have access to computers.

As can be seen in Table 2 below, the each of the nine public colleges contributed between 7.0% and 15.6% of the total state surveys. However, the campus populations contribute between 1.7% and 21.0% of the total Utah college student population. These disproportionate numbers were necessary in order to get enough surveys at each school to draw conclusions at the class level. However, for the state-level analysis, it was important that small schools did not over-contribute to the final results or that the larger schools did not under-contribute. Therefore, in the state-level analyses, the data were weighted so that each school contributed the same proportion to the

survey results as to the total college population. Weights for the 2005 data can be seen in Table 2.

Table 2: Comparison of Survey Participation with Campus Enrollment

	Survey Participation		Cam Enrol	ipus Iment	Weighting Factor
College Campus	Number	Percent	Number	Percent	
College of Eastern Utah	813	7.6	2,471	1.7	.22
Dixie State College	1,066	10.0	8,564	5.9	.59
Salt Lake Community College	1,487	13.9	25,711	17.7	1.27
Snow College	746	7.0	4,108	2.8	.41
Southern Utah University	827	7.7	6,672	4.6	.60
University of Utah	1,445	13.5	30,479	21.0	1.56
Utah State University	1,664	15.6	23,908	16.5	1.06
Utah Valley State College	1,436	13.4	24,149	16.7	1.24
Weber State University	1,201	11.2	18,875	13.0	1.16
Total Utah College/University	10,685	100.0	144,937	100.0	

Note: Questionnaires of students who were dishonest or provided inconsistent responses have been removed from the above totals.

Westminster College was not included in the state-level analysis. There are several reasons for this. First, Westminster College did not participate in the 2003 survey. Second, Westminster did not collect the 2005 data during the same time frame as the nine public colleges. Whereas the other schools collected data during February of 2005, Westminster did not administer the survey until April. This time difference is significant due to the proximity of April to both Spring Break and final exams. Finally, being Westminster's first year of data collection, their sample size was low (comparable to several of the other schools in 2003). Therefore, Westminster was removed to make the 2003 and 2005 results as comparable as possible. The oversamples of athletes and Greek club members were also not included in the state-level analysis to avoid over-representing those groups in the total analysis as well. (The oversamples were not randomly selected.)

Survey Participants

The characteristics of the students who completed the survey along with selected characteristics of the overall Utah student population are presented in Table 3. The number and percentage of respondents in each category are shown. There were a total of 257 (2.2%) surveys that were eliminated from analysis due to inconsistencies in survey responses (see the validity section for a more complete description of the elimination criteria) leaving a total of 10,685 surveys that were analyzed and shown in Table 3.

The participants were divided nearly equally between males and females (male = 45.3% and females = 54.7%), however, males were slightly under-represented (state college enrollment is 51.4% male). The majority of respondents were White (88.5%) with the next largest groups being Hispanic (4.3%), American Indian (2.6%) and Asian (2.5%). These percentages roughly estimate the state enrollment with Whites slightly over-represented. None of the ethnicities were under-represented relative to enrollment numbers, in part because respondents could mark as many ethnicities as applied, instead of being forced to choose just one. ("Other" as a category

was underrepresented relative to enrollment statistics, probably also for this reason.) There was a large overrepresentation of full-time students (81.6% on the survey compared to 53.5% in actual enrollment) and younger students (76.3% compared to 64.2%). However, the survey and prevention programs generally target younger, full-time students and results from this population are important. The survey was successful at recruiting students from other states and countries, with in-state students being slightly overrepresented. In general, the survey results can be viewed as representing the student population that will be targeted for prevention programs.

Table 3: Participant Characteristics Compared to Characteristics of Enrolled Students

Table 3: Participant Characteristics Compared to C	UT Co Sur	llege	State C Enroll		
	Number	Percent	Number	Percent	
Total Honest	10,685		144,937		
Gender					
Male	4,757	45.3	74,447	51.4	
Female	5,748	54.7	69,904	48.2	
Class					
Freshmen and Sophomores	6,503	62.0	88,688	61.2	
Juniors and Seniors	3,635	34.7	42,945	29.6	
Graduate Degrees (Ph.D., M.A., M.S., etc.)	102	1.0	10,820	7.5	
Ethnicity					
American Indian/AK Native	273	2.6	1,612	1.1	
Hispanic	464	4.3	5,041	3.5	
Asian	263	2.5	3,511	2.4	
Pacific Islander	127	1.2			
White	9,456	88.5	115,715	79.8	
Black	98	0.9	1,030	0.7	
Other (Please Specify)	226	2.1	14,097	9.7	
Student Status					
Full-time	8,564	81.6	77,581	53.5	
Part-time	1,933	18.4	67,356	46.5	
Age (Mean = 23.1 years)					
24 and Younger	7,951	76.3	93,023	64.2	
25 and Older	2,474	23.7	51,914	35.8	
Current Residence					
On-campus	1,480	14.2			
Off-campus	8,961	85.8			
Permanent Residence					
In-state	9,513	89.0	111,468	76.9	
USA, but other state	860	8.0	19,053	13.1	
Country other than USA	131	1.2	3,726	2.6	
Unknown/Unidentified	181	1.7	10,690	7.4	

Table 3 (Continued): Participant Characteristics

	UT Co Sur	ollege vey	State College Enrollment*		
	Number	Percent	Number	Percent	
Total Honest	10,685		144,937		
Relationship Status					
Single	7,256	69.2			
Married	2,664	25.4			
Separated	72	0.7			
Divorced	292	2.8			
Widowed	16	0.2			
Cohabitating	187	1.8			
Currently Employed					
No	2,919	27.8			
Yes, full time	2,503	23.9			
Yes, part-time	5,069	48.3			
Religious Preference					
Catholic	465	4.4			
Jewish	26	0.2			
LDS	7,942	75.7			
Protestant	191	1.8			
Other	791	7.5			
No preference	1,080	10.3			

^{*} Demographics for the State College Enrollment were found in the *Utah System of Higher Education* 2005-2006 Data Book.

Validity of the Data

In general, the completion rates for the 2005 College Survey were good with an overall completion rate of 74.6% for in-class surveys and 28.3% for the online surveys (not including SLCC which had a low return rate of 10.2% due to unique characteristics of their student population). Additionally, the fact that the demographics of the sample are representative of the overall college population, and almost all of the completed surveys were valid, makes these results a good estimate of characteristics of the Utah college population.

Although the two survey modalities have response rates at or above the expected national rates, the two rates are very different. Therefore, a second validity check on the data was conducted to compare the paper surveys to the online surveys. Three campuses (SLCC, USU, and UofU) used both online and classroom surveys in the 2003 and 2005 College Surveys. (The other campuses used only classroom surveys both years.) Therefore, to compare the modalities, only these campuses were used, to reduce variance associated with the other schools. Additionally, 2003 and 2005 data were merged as the year of administration was not fundamental to this comparison. This combination yielded 4,611 online surveys and 1,690 classroom surveys. An examination of this data indicated that the results from these two modalities were very similar.

^{** ---} Indicates an area where data could not be gathered or is not available.

There were 1.6% dishonest online surveys and 0.5% dishonest classroom surveys. Women were slightly more likely to take the online survey, and freshmen and sophomores were slightly more likely to take the classroom survey. Otherwise, the demographics for the two modalities were strikingly similar. Reports of substance use were likewise very similar across the two modalities. Tables containing the comparison of the online and classroom surveys can be found in Appendix C.

The information presented in this report is based entirely on the truthfulness, recall, and comprehension of the students who participated in the survey. Many studies have shown that most students are truthful in their responses to the questions on similar surveys. For example, the trends over time are very similar for ATOD use in the nation and states that repeat the survey every few years. Also, the changes reported by young adults parallel the changes during the same period in admissions to treatment for substance abuse. Finally, the relationships between different kinds of behaviors and the problems that students report are very consistent over a wide range of studies. As will be seen below, the results of the 2005 College Survey are very similar to the results of the 2003 College Survey, which also indicates that the surveys provide valid estimates of student behavior.

This study was carefully designed to ensure honest responses from participants. The confidentiality of the survey was stressed through the instructions and administration procedures. Participants were assured that the survey was voluntary, anonymous, and confidential. They were told that no one would see their answers and that there was no way that a survey could be traced back to an individual student. Because the survey was anonymous, most of the reasons to exaggerate or deny behaviors were eliminated. However, several checks were built into the analysis to minimize the impact of students who were not truthful in their responses. There were 257 students (2.2%) who were eliminated because they reported an impossibly high level of substance use and/or survey responses were inconsistent (claimed to have used a substance in the past year but not in their lifetime). Other measures to reduce response bias included selecting well-researched items (for most of the survey) that had been used successfully in other surveys, carefully pre-testing the questionnaire to ensure that students understood the meaning of each question, using a well developed and tested administration protocol, and reading the same instructions to all students who participated in the survey.

PREVALENCE OF SUBSTANCE USE

Use of Alcohol, Tobacco, and Other Drugs (ATODs)

The results presented in this report are for students in the nine public Utah colleges who were deemed to be honest in their responses to the survey questions (not including oversamples of athletes or fraternities and sororities). Several levels of analysis were conducted with the College Survey data. Comparisons were made between Utah college students and various population groups such as Utah students in grade 12, and college students who participated in a national survey. The national survey used for comparison was the University of Michigan survey called Monitoring the Future (MTF). The latest results from the MTF survey are from 2004. In addition, 2003 College Survey data is compared to 2005 College Survey data. The statistical test of proportions was conducted for many of the results to determine whether or not the differences between the 2005 Utah College results and other surveys were statistically significant. Because the sample sizes are so large, most differences larger than two or three percent were significant at the p < .05 level. However, the small size of the differences (effect size) makes some of the differences less meaningful. Small but significant differences become more meaningful if a pattern of change can be seen over time. Generally, a difference of five percent or more can be viewed as meaningful (however, with very low numbers, smaller differences may be worth noting.) A complete list of survey questions and the number and percent of respondents who marked each choice can be seen in Appendix D.

The rates of ATOD use will be presented for lifetime use, use in the past year, and use in the 30 days prior to the survey (past 30 days). Lifetime use is a measure of the percentage of students who tried the particular substance at least once in their lifetime. For college students, early use may have been many years prior to the survey, but in this report the measure is included because it is generally a good indicator of the level of experimentation with a particular substance and knowledge of drug use. Use in the past year is much like lifetime use in that it can be use in the past; however, it captures more recent use and more importantly, use while the student was attending college. Use in the past 30 days is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indication of the level of current use of the substance. Binge drinking, which will be presented in subsequent sections, is a measure of heavy use of alcohol.

Lifetime ATOD Use

Table 4 shows the percentages of college students who used the 14 categories of ATODs and "any drug" during their lifetime. The results are presented by males, females, and total because males and females typically have different use rates for many substances. Table 4 also contains the results of the 2003 College Survey by gender and the MTF survey for total substance use. As can be seen, the MTF results indicate that the national rates of substance use are much higher than those of Utah students. The national samples do not publish the rates for all of the substances measured by the Utah College Survey. The symbol "---" is used to designate substance use rates where national data are not available.

It should be noted that the numbers provided for the 2003 survey will not match the numbers provided in the 2003 College Survey Report. There are several reasons for this. First, in February of 2004, two campuses collected survey data. Weber State College had not collected data in February of 2003, and administered the 2003 College Survey for the first time in February 2004. Salt Lake Community College had administered the survey in 2003, but had such a low return (100) that they decided to re-administer the survey in 2004. Therefore, 853 surveys from Weber and 989 surveys from SLCC have been added to the 2003 survey results. In addition, because the data from the 2005 College Survey were weighted (as described above), in order to make the 2003 and 2005 data truly comparable, the data from the 2003 survey were weighted as well in the tables below. Finally, several of the substance use questions were changed from 2003 to 2005. Specifically, the 2003 survey asked respondents to indicate their level of amphetamine use and their level of methamphetamine use. In the 2005 survey, these were combined into a single question about stimulants. Similarly, in the 2003 survey, respondents were asked to indicate their level of use of GHB, rohypnol, and Ketamine. In 2005 these questions were combined into a single question asking about use of "club drugs other than MDMA." In the 2003 data provided below, respondents were considered to have used "stimulants" if they indicated they had used either amphetamines or methamphetamines. Likewise, respondents were considered to have used "other club drugs" if they indicated they had used GHB, rohypnol, or Ketamine.

It is obvious from the results presented in Table 4 that Utah college students report having used most substances less in their lifetime than other students in the United States. Utah students have used alcohol, marijuana, and ecstasy at less than one-half the rate of the national sample. Sedatives and opiates appear to be exceptions, with both of these drugs showing a higher lifetime use rate than the national estimate and the 2003 Utah college student estimate. One explanation for this increase in the use of these two substances is that the wording was updated from 2003 to 2005. Whereas examples given for sedatives in the 2003 survey were "downers, ludes," the examples given in the 2005 survey were "tranquilizers, such as valium or xanax, barbiturates, or sleeping pills." Similarly, in 2003 the examples given for opiates were "heroin, horse, smack," and the examples given in 2005 were "heroin, codeine, oxycontin." Therefore, the increase in the number of students who have used these drugs may not mean that use rates are increasing. It may just mean that students are more likely to realize that the question is referring to a familiar drug. The substances most often used at least once by Utah students are alcohol (44.1%), cigarettes (31.4%), and marijuana (26.4%). The "any drug" category does not include the use of alcohol, tobacco, or smokeless tobacco. Utah generally has a high rate of problems related to Methamphetamines (Meth), and Salt Lake City received a national grant to deal with problems related to Meth. However, Meth use does not appear to be a problem for Utah college students since their lifetime use rate for stimulants is below the national average (6.0% for Utah students and 11.9% nationally).

Males generally use substances at a higher rate than females. The largest male-female difference is chewing tobacco (male = 19.6%, female = 4.8%). Lifetime use rates of most of the substances have increased from 2003 to 2005. This increase may be due in part to the increased sample size of the 2005 survey. Exceptions include the use of stimulants, which has decreased dramatically, and the use of ecstasy and other club drugs.

Table 4: Lifetime Substance Use: Males, Females, and Total

Utah Survey Results Compared to National Monitoring the Future (MTF) Surveys Results

	Lifetime Use								
Substance	Males		Females		Total				
Cubotanio	Utah 2003	Utah 2005	Utah 2003	Utah 2005	Utah 2003	Utah 2005	MTF 2004		
Tobacco (Cigarettes or Smokeless Tobacco)	29.4	36.1	24.6	29.5	27.1	32.7			
Cigarette	27.3	33.7	24.0	29.1	25.7	31.3			
Chewing tobacco	17.1	19.7	3.0	4.7	9.9	11.6			
Alcohol	39.6	43.4	39.2	44.6	39.7	44.2	86.0		
Marijuana	25.6	28.3	22.3	24.5	24.0	26.3	49.5		
Cocaine	7.8	7.1	5.5	6.7	6.6	7.0	8.2		
Stimulant	10.5	6.3	15.2	5.8	13.0	6.1	11.9		
Sedatives	6.4	9.1	5.4	8.7	5.8	8.9	5.9		
Hallucinogens	9.3	10.0	7.1	7.5	8.0	8.8	13.6		
Opiates	3.6	5.8	1.2	3.9	2.3	4.8	1.0		
Inhalants	5.8	8.9	3.5	4.6	4.7	6.6	7.7		
DXM		4.7		2.2		3.4			
Ecstasy	6.2	5.1	5.5	4.5	5.7	4.8	12.7		
Other club drugs	3.3	2.2	1.4	1.8	2.3	1.9			
Any Drug	30.1	32.0	30.1	28.4	30.2	30.1	51.8		
* Indicates an area where dat	a could n	ot be ga	thered or	is not av	/ailable				

Lifetime substance use by college class level is presented in Table 5. Unlike the 2003 data, these results do not indicate that freshmen have the highest lifetime use rate of ATODs while seniors have the lowest lifetime use rate. Instead, in 2005, lifetime substance use looks relatively uniform across the class levels.

Table 5: 2005 Utah College Lifetime Substance Use: By Class Level

Substance		Lifetime Use						
Substance	Freshman	Sophomore	Junior	Senior				
Tobacco (Cigarettes or Smokeless Tobacco)	32.3	32.6	32.7	30.9				
Cigarette	30.9	31.3	31.4	29.6				
Chewing tobacco	10.7	11.3	12.6	11.7				
Alcohol	43.6	43.8	43.9	43.3				
Marijuana	26.9	26.2	25.4	24.9				
Cocaine	7.7	6.8	6.7	5.6				
Stimulant	6.4	6.0	5.8	5.2				
Sedatives	9.9	8.6	9.3	7.5				
Hallucinogens	7.9	8.9	9.3	8.1				
Opiates	5.0	4.6	4.9	4.4				
Inhalants	7.3	6.3	6.6	5.7				
DXM	3.3	3.1	4.2	3.0				
Ecstasy	4.5	4.4	5.4	5.1				
Other club drugs	1.7	1.7	2.4	2.1				
Any Drug	30.6	29.9	29.6	28.7				

Past Year ATOD Use

Reported ATOD use during the year prior to the survey is shown in Table 6. As with lifetime use, male and female use rates are shown for Utah data and the combined totals are shown for Utah and the national sample. Again, the national samples are quite similar and show that the ATOD past year use rate for the national sample is substantially higher than the Utah sample. For example, Utah students have approximately one-third the rate of use in the past year for alcohol, marijuana, stimulants, hallucinogens, and ecstasy than other students in the United States. However, a review of the drugs with low use rates shows that there are some exceptions. For example, Utah students have higher rates of past year sedative and opiate use. Comparisons of 2003 and 2005 past year use rates indicate that Utah students reported less use of marijuana, stimulants, hallucinogens, and club drugs in 2005. However, Utah students reported greater use of alcohol, sedatives, and opiates. Male and female ATOD use during the past year is quite similar, with the exception of alcohol, which was used more by females in the past year.

Table 6: Past Year Substance Use: Males, Females, and Total
Utah Survey Results Compared to National Monitoring the Future (MTF) Results

oran Survey Results Compared to National Monitoring the Future (MTF) Results									
	Past Year Use								
Substance	Ма	les	Fem	ales	Total				
	Utah 2003	Utah 2005	Utah 2003	Utah 2005	Utah 2003	Utah 2005	MTF 2004		
Cigarettes	12.4	12.8	12.1	13.1	12.4	13.0	35.2		
Alcohol	26.2	28.2	28.6	32.2	27.8	30.4	82.9		
Marijuana	11.3	10.0	9.3	8.3	10.2	9.1	34.7		
Cocaine	2.3	2.0	1.2	1.7	1.8	1.8	4.8		
Stimulant	4.0	2.0	6.3	1.6	5.2	1.8	7.0		
Sedatives	2.6	5.3	2.4	6.2	2.5	5.8	3.7		
Hallucinogens	2.4	1.9	1.8	1.4	2.1	1.6	6.3		
Opiates	0.7	2.7	0.2	1.7	0.5	2.2	0.1		
Inhalants	0.7	0.9	0.3	0.6	0.5	0.8	2.0		
DXM		0.9		0.8		0.8			
Ecstasy	1.8	1.4	2.1	1.6	1.9	1.5	6.8		
Other club drugs	1.2	0.5	0.3	0.3	0.8	0.4			
Any Drug	15.0	14.3	15.3	13.7	15.5	14.0	37.0		

^{* ---} Indicates an area where data could not be gathered or is not available

Past year substance use by college class level is presented in Table 7. A review of the results indicates that freshmen have the highest use rate of many ATODs while seniors have the lowest past year use rate. However, this difference is not nearly as large as it was with 2003 data. In 2003, freshmen used most substances at a rate approximately twice that of seniors. In 2005, the differences between the classes are smaller, and in some cases, the classes appear to use at very similar rates (for example, sedatives, hallucinogens, opiates, and ecstasy.)

Table 7: 2005 Utah College Past Year Substance Use: By Class Level

Substance	Past Year Use						
Substance	Freshman	Sophomore	Junior	Senior			
Alcohol	32.0	29.3	29.7	28.3			
Marijuana	11.2	8.4	8.9	7.6			
Cocaine	2.3	1.7	1.8	1.4			
Stimulant	2.3	1.6	1.7	1.4			
Sedatives	5.9	5.5	5.9	6.0			
Hallucinogens	1.8	1.5	1.9	1.2			
Opiates	2.4	2.0	2.3	1.9			
Inhalants	1.2	8.0	0.6	0.6			
DXM	1.1	0.9	0.9	0.3			
Ecstasy	1.8	1.2	1.7	1.5			
Other club drugs	0.4	0.5	0.5	0.4			
Any Drug	15.9	13.2	13.7	12.6			

Past Month ATOD Use

A review of Table 8 shows that current substance use by Utah college students (use in the 30 days prior to the survey) is again much lower than students nationally. Like use in the past year, Utah students have approximately one-third the rate of use in the past 30 days for cigarettes, alcohol, marijuana, cocaine, stimulants, hallucinogens, and inhalants as other students in the United States. Sedatives and opiates are exceptions, with Utah students reporting more use than students nationwide. Male 30-day use rates for nearly all substances is higher than, or approximately equal to, the rate for females.

A review of past 30-day use by class level indicates that use rates are fairly similar across the class levels, unlike in 2003, when freshmen reported greater 30-day use than seniors. Exceptions to this include cigarettes and cocaine, which are used more by freshmen than other classes. Past 30-day use rates by class level can be seen in Table 9.

Table 8: Past 30 Day Substance Use: Males, Females, and TotalUtah Survey Results Compared to National Monitoring the Future (MTF) Surveys Results

	30-Day Use						
Substance	Males		Females		Total		
	Utah 2003	Utah 2005	Utah 2003	Utah 2005	Utah 2003	Utah 2005	MTF 2004
Tobacco (Cigarettes or							
Smokeless Tobacco)	10.0	9.2	8.8	8.2	9.5	8.7	
Cigarette	8.5	7.5	8.6	8.1	8.6	7.9	26.7
Chewing tobacco	2.8	3.0	0.3	0.4	1.5	1.6	
Alcohol	19.5	21.9	20.6	22.2	20.4	22.1	68.9
Marijuana	6.7	5.4	4.1	3.8	5.4	4.6	19.7
Cocaine	0.9	0.5	0.6	0.5	0.7	0.5	1.6
Stimulant	2.4	0.7	3.0	0.5	2.7	0.6	3.0
Sedatives	1.4	2.5	1.3	2.6	1.3	2.6	1.7
Hallucinogens	0.5	0.5	0.4	0.3	0.4	0.4	1.2
Opiates	0.4	1.3	0.2	0.7	0.3	1.0	0.0
Inhalants	0.2	0.2	0.1	0.2	0.2	0.2	0.7
DXM		0.2		0.1		0.2	
Ecstasy	0.7	0.4	0.2	0.4	0.4	0.4	0.7
Other club drugs	0.5	0.1	0.3	0.1	0.4	0.1	
Any Drug	9.5	8.0	8.3	6.8	9.0	7.4	21.5

^{* ---} Indicates an area where data could not be gathered or is not available.

Table 9: 2005 Utah College 30-Day Substance Use: By Class Level

Substance	30-Day Use						
Substance	Freshman	Sophomore	Junior	Senior			
Tobacco (Cigarettes or Smokeless Tobacco)	10.7	8.2	7.6	7.3			
Cigarette	10.1	7.2	7.0	6.5			
Chewing tobacco	1.7	1.7	1.4	1.7			
Alcohol	21.3	21.0	22.4	22.4			
Marijuana	4.7	4.5	5.0	4.1			
Cocaine	0.7	0.4	0.5	0.3			
Stimulant	0.5	.7	0.5	0.6			
Sedatives	2.6	2.5	2.5	2.7			
Hallucinogens	0.5	0.4	0.6	0.2			
Opiates	1.1	1.1	0.9	0.8			
Inhalants	0.4	0.2	0.1	0.1			
DXM	0.2	0.2	0.2	0.0			
Ecstasy	0.3	0.4	0.7	0.4			
Other club drugs	0.0	0.1	0.3	0.0			
Any Drug	7.6	7.5	7.5	6.9			

ATOD Use by Participant Characteristics

The use of ATODs varies between different campus groups. In previous sections of this report, gender and class level were discussed. In this section, ATOD use rates of other groups of students with given characteristics will be discussed. One area that was not discussed previously was binge drinking. Binge drinking is defined as drinking five or more drinks on one or more occasions in the two weeks prior to taking the survey. As can be seen in Table 10, males engage in binge drinking more than females (males = 14.0%, females = 9.7%) Part-time students binge drink more than full-time students (14.6% compared to 10.9%). While the results need to be interpreted with caution, the individuals that are most likely to engage in binge drinking are fraternity or sorority members with a rate of 60.0%, cohabitating students (40.1%), students from other countries (29.2%), non-LDS students, and students who rarely or never attend religious activities. While students from other countries tend to drink alcohol more than other students, they use less marijuana and other drugs than students from Utah. Students from other states tend to use drugs more than Utah students.

When students younger than 25 are compared to students 25 and older, the main finding is that older students use tobacco at almost twice the rate of younger students (11.9% compared to 6.4%). This finding may be due to the fact that much of the tobacco prevention effort over the past years has targeted young people. Other studies have also shown that the rate of smoking among high school students has decreased significantly over the past years. Students 25 and older also drink more alcohol than students younger than 25, but are no more likely to binge drink. The higher rate of drinking among the 25 and older students is probably due in part to the fact that all of the students in that age range can legally drink.

Perhaps the most consistent predictors of ATOD use among Utah college students are grade point average, attendance at religious services, and religious preference. The results in Table 10 reveal that use of ATODs decreases with increased grade point average and increased attendance at religious activities, and is very low for members of the LDS religion.

Table 10: ATOD Use by Participant Characteristics - Weighted Sample							
	Number in Category	Binge Drinking	Alcohol 30-Day	Cigarettes 30-Day	Marijuana 30-Day	Any Drug 30-Day	
Total Percent	10,522	11.7	22.1	7.9	4.6	7.4	
Gender							
Male	4,792	14.0	21.9	7.5	5.5	8.0	
Female	5,658	9.7	22.2	8.1	3.8	6.8	
Academic Year							
Freshman	2,757	11.4	21.3	10.1	4.7	7.6	
Sophomore	3,193	10.9	21.0	7.2	4.5	7.5	
Junior	2,340	12.6	22.4	7.0	4.9	7.5	
Senior	1,804	11.8	22.4	6.5	4.2	6.9	

Table 10 (Continued): ATOD Use by Participant Characteristics - Weighted Sample						
	Number in Category	Binge Drinking	Alcohol 30-Day	Cigarettes 30-Day	Marijuana 30-Day	Any Drug 30-Day
Total Percent	10,522	11.7	22.1	7.9	4.6	7.4
Age						
24 and Younger	7,653	11.8	20.0	6.4	4.7	7.5
25 and Older	2,729	11.5	28.3	11.9	4.4	7.2
Student Status						
Full-Time	8,222	10.9	19.8	6.6	4.5	7.2
Part-Time	2,217	14.6	30.3	12.3	5.0	8.0
Residency While In School						
On-Campus	1,322	13.5	22.8	5.7	4.5	7.2
Off-Campus	9,042	11.4	22.0	8.1	4.6	7.5
Permanent Residence						
In-State	9,509	11.0	21.6	7.7	4.5	7.2
USA, But Other State	822	16.5	26.2	8.4	6.1	9.8
Non-USA Country	130	29.2	36.2	14.8	2.4	2.4
Relationship Status						
Single	6,992	13.4	22.7	7.6	5.4	8.4
Cohabitating	212	40.1	77.8	32.7	16.9	24.6
Married	2,872	5.1	14.5	5.2	1.8	4.0
Separated, Divorced,	207	40.0	20.0	00.0	2.4	0.0
or Widowed	387	13.8	39.9	20.2	3.4	6.2
Housing	9,385	11.3	8.0	11.5	4.5	7.3
Houses or apartment Residence Hall	746	14.6	4.4	14.6	4.5	7.7
Approved Housing	161	8.7	5.7	8.7	2.5	5.1
Fraternity or Sorority	45	60.0	13.6	60.0	20.5	25.0
Other	160	10.0	13.8	10.0	4.4	9.0
Employment	100	10.0	13.0	10.0	4.4	9.0
Not Employed	2,669	11.8	22.5	8.5	4.6	8.3
Full-Time	2,783	14.2	28.5	10.0	4.6	7.4
Part-Time	5,015	10.3	18.3	6.3	4.6	6.9
GPA	0,015	10.3	10.3	0.3	4.5	0.9
	4,108	8.4	18.2	5.9	3.1	5.6
A B	5,180				4.8	
С		12.9 18.6	22.8	8.0		7.8
	1,027		33.2	14.7	8.6	12.4
D or F	52	13.5	35.3	3.9	14.0	17.6

Table 10 (Continued): ATOD Use by Participant Characteristics - Weighted Sample						
	Number in Category	Binge Drinking	Alcohol 30-Day	Cigarettes 30-Day	Marijuana 30-Day	Any Drug 30-Day
Total Percent	10,522	11.7	22.1	7.9	4.6	7.4
Religious Attendance						
Never Attend	1,345	40.1	70.1	26.7	16.7	22.9
Rarely Attend	1,433	30.7	58.9	20.0	11.0	16.5
Attend 1-2 Times a Month	860	16.9	33.5	10.8	6.7	10.9
Attend About Once a Week or More	6,858	1.5	3.6	1.2	0.6	2.0
Religious Preference						
Catholic	468	36.8	65.0	22.6	11.5	17.3
LDS	7,788	4.2	7.6	2.6	1.6	3.7
Protestant	220	29.1	62.7	16.2	8.6	14.0
Other	768	23.4	56.3	21.3	9.2	13.0
No preference	1,199	38.4	68.7	24.9	17.2	22.3

Figure 1

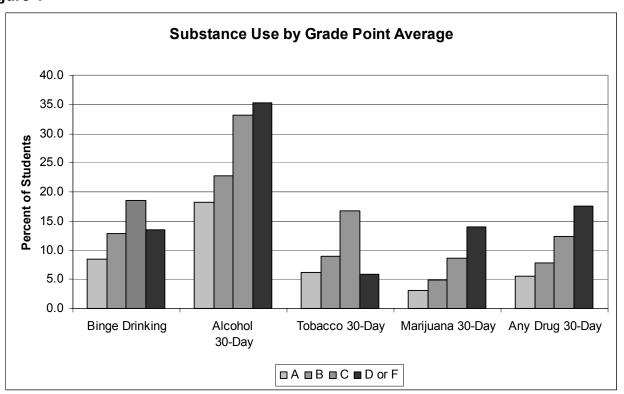


Figure 2

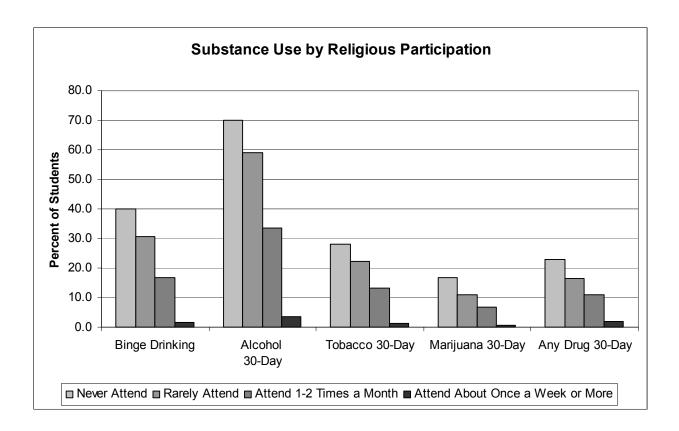
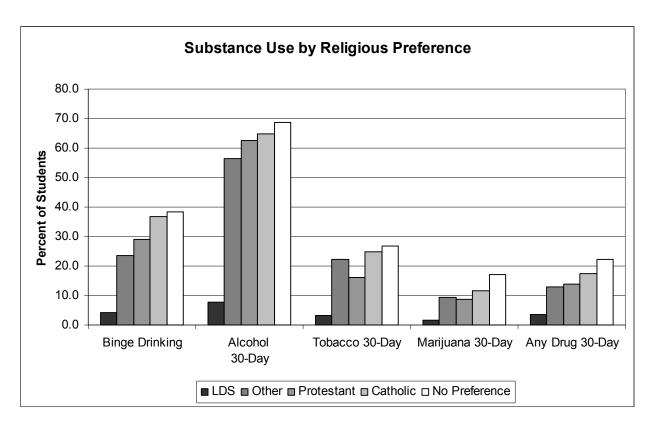


Figure 3



RISK AND PROTECTIVE FACTORS FOR SUBSTANCE ABUSE

The Utah Division of Substance Abuse has adopted the Risk and Protective Factor Model of Substance Abuse Prevention to guide prevention work in Utah. The model is based upon the public health model that suggests that if the risks for a disease can be found then reducing the risks will reduce the incidence of the disease. In medical research, risk factors have been found for heart disease and other health problems. Through media campaigns to inform the general public about the risk factors for heart disease, most people are now aware that certain behaviors (such as eating high fat diets, smoking, high cholesterol, being overweight, and lack of exercise) place them at risk for heart disease. Just as medical research discovered the risk factors for heart disease, social scientists have defined a set of risk factors that place young people at risk for the problem behaviors of substance abuse, delinquency, violence, teen pregnancy, and school dropout. They have also identified a set of protective factors that help to buffer the harmful effects of risk. Almost all of the work on the risk and protective factor model of prevention has been done with young people (18 years of age and younger). One of the goals of this survey is to determine the possibility of extending the risk and protective factor model of prevention to the college population.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington have reviewed more than 30 years of existing work on risk factors from various fields and have completed extensive work of their own to identify risk factors for youth problem behaviors. They identified risk factors in important areas of daily life: 1) the **community**, 2) the **family**, 3) the **school**, and 4) within **individuals** themselves and their **peer** interactions. Many of the problem behaviors faced by youth -- delinquency, substance abuse, violence, school dropout, and teen pregnancy -- share common risk factors. Programs designed to reduce those common risk factors will have the benefit of reducing several problem behaviors.

For college students, the risk factors associated with these four domains are different than for younger students. For example, the community of college students is often the college campus, and the family of origin (mother and father) decreases in importance as college students begin to live more independently or start families of their own. Approximately twenty-five percent (25%) of the respondents in this survey report being married.

Risk factor scales that were deemed appropriate for college students by the survey design team were included in the survey and can be seen in Table 11. In Table 11, the scores of college freshmen, all college students who completed the survey, and Utah 12th grade high school students for the risk factors included in the survey are presented. Before the risk factors results are presented, a brief description of how the "percent at risk" value was calculated will be presented.

Percentage of Students At-risk Calculation

Before the percentage of students at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these

adolescent problem behaviors. Since PNA surveys had been given to over 200,000 youth nationwide, it was possible to select two groups of students, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the students from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for separating youth into the more at-risk and the less at-risk groups included academic grades (the more at-risk group received "D" and "F" grades, the less at-risk group received "A" and "B" grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys in grades six through 12.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating the progress of prevention programs over time. For example, if the percentage of students at risk for availability of drugs in a community prior to implementing a community oriented policing effort to reduce the sale of drugs was 40% and then decreased to 30% one year after the program was implemented, the program would be viewed as helping to reduce the availability of drugs.

Risk Factors for College Students

In order to validate the risk factor approach with college students, the freshmen from the 2003 and 2005 College Surveys are compared to students in grade 12 from the 2003 Utah Student Health and Risk Prevention Survey (SHARP). Because not all high school seniors go on to college, the match between freshmen and 12th grade students would not be expected to be exact. Since the percent at risk score can go from zero to 100 percent, the values of freshmen are somewhat similar to those of 12th graders. Levels of risk for Utah college freshmen, Utah college undergraduates, and Utah 12th grade students can be seen in Table 11. The college freshmen tend to be more at risk than the high school seniors for attitudes favorable toward drug use, and high school seniors tend to be more at risk for depression and rebelliousness.

Table 11: Risk Factors for Utah College Freshmen 2003, Utah 12th Grade High School Students 2003, Utah College Freshmen 2005, and Utah College Undergraduates 2005

	Percent at Risk							
Risk Factors	2003 College Freshmen	2003 Grade 12 SHARP	2005 College Freshmen	2005 College Undergrad				
Perceived availability of drugs scale	33.3	40.4	26.7	25.1				
Attitudes favorable to drug use scale	27.8	15.6	28.6	31.3				
Perceived risk of drug use scale	18.8	23.6	20.8	22.3				
Rebelliousness scale	n/a	34.9	23.7	21.1				
Depressive symptoms scale	16.8	38.0	16.5	14.3				

Figure 4

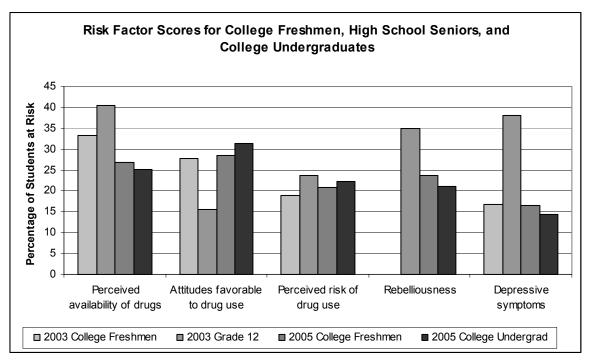


Table 12 compares the depressive symptoms for college freshman, all college students, and Utah high school youth in grade 12. Since the percentage of college students at risk on the depressive symptoms scale is approximately one-half that of 12th grade students, the four items of the depressive scale are presented in Table 12. The lower percentage for college students is a result of their reporting a much higher rate of "definitely not true" and a much lower rate of "definitely true" to the four items. These differences between college students and 12th grade students held for all four items as well as for freshmen. Thus, it appears that high school students who choose to attend college do not report as high a rate of depressive symptoms as students who do not attend college.

Table 12: Depressive Symptoms for Freshmen Age 18-19, All College Students, and 12th

Grade High School Students

Grade High School Students			
	2005 College Freshmen	2005 College Students	UT 2003 Grade 12
Depressive Symptoms Questions			
Sometimes I think that life is not worth it.			
Definitely true	3.0	3.2	40.0
Mostly true	5.2	4.3	32.1
Mostly not true	22.8	21.4	22.2
Definitely not true	68.9	71.1	5.7
At times I think I am no good at all.			
Definitely true	3.6	3.2	26.8
Mostly true	9.1	6.7	34.9
Mostly not true	39.8	36.2	30.4
Definitely not true	47.5	53.8	7.9
All in all, I am inclined to think that I am a failu	re.		
Definitely true	2.4	2.0	48.0
Mostly true	6.4	5.5	37.2
Mostly not true	24.2	24.6	11.8
Definitely not true	67.1	68.0	3.0
In the past year, have you felt depressed sometimes?	or sad MOST	days, even if	you felt OK
Definitely true	5.4	5.0	31.2
Mostly true	13.6	11.1	36.6
Mostly not true	30.6	29.5	23.5
Definitely not true	50.4	54.4	8.8

A review of the scale items for availability of drugs, shown in Table 13 shows that age of students certainly has an effect on their responses. For example, older students rate alcohol as easier to get than freshmen and 12th grade students while a greater percentage of 12th grade students rate other drugs as sort of easy or very easy to get (31.8%).

Table 13: Perceived Availability for Freshmen Age 18-19, All College Students, and 12th Grade High School Students

Students, and 12th O	uuo mgm oomoo.	Ctaaciito	
	2005 College	2005 College	UT 2003
	Freshmen	Students	Grade 12
Availability of Drugs Response Category	Questions - Pe	rcentage of Respo	ondents in Each
How hard to get alcoh	nol		
Very Hard	13.6	6.1	10.9
Sort of Hard	16.1	7.9	15.5
Sort of Easy	31.6	19.4	26.3
Very Easy	38.8	66.6	47.2
How hard to get marij	uana		
Very Hard	27.3	24.7	22.6
Sort of Hard	24.9	25.9	16.5
Sort of Easy	25.6	29.0	21.1
Very Easy	22.3	20.3	39.9
How hard to get some	other drug		
Very Hard	46.7	45.0	37.2
Sort of Hard	31.1	30.9	31.0
Sort of Easy	16.1	17.1	20.5
Very Easy	6.1	6.9	11.3

Knowledge of the age at which individuals begin to use ATOD is important in aiding prevention planning, as it allows prevention planners to target certain age groups before they are most likely to begin using substances. College students were asked to report when, if ever, they first used ATODs. In calculating the average age of initiation, only the ages indicated by students who had used the substance before were taken into account. As can be seen in Table 14, students begin using inhalants before using any other substance. Of the college students who had used inhalants, the average age of first use was 15.3 years. Age of initiation for alcohol and marijuana are approximately the same – 16.4 and 16.6 years respectively, and students who used other illegal drugs indicated that they began using them at approximately 17 to 18 years of age. The age of initiation for college students is higher than that of Utah high school seniors. On the 2003 student survey, high school seniors report an average age of initiation for alcohol of 12.8 years, and marijuana 13.6 years. The college students have a later average of initiation of ATOD use by over three years. The earlier young people begin using ATODs the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before age fifteen are at twice the risk of having drug problems as those who wait until after age nineteen.

Table 14: Age of First Drug Use (Of Those Who Have Used at Least Once in Their Lifetime)

	Age of First Use		
Drug	2003 Mean Age	2005 Mean Age	
Alcohol (more than a sip)	16.8	16.4	
Marijuana	16.7	16.6	
LSD or other psychedelics	17.1	17.2	
Cocaine or crack	18.6	18.7	
Inhalants	14.2	15.3	
Stimulants	18.2	17.7	
Sedatives	17.5	18.4	
Opiates	17.5	18.6	
DXM (cough syrup)		16.9	
Ecstasy	19.1	19.0	
Other club drugs	18.3	18.8	

^{* ---} Indicates an area where data could not be gathered or is not available.

While these results tend to support the use of risk factors with college students, more work remains to be done. Some of the questions that need to be explored include the following: Are the cut-points developed for high school students appropriate for college students? In what areas can additional risk factor scales be developed? How well do risk factors predict the need for prevention services in a college population?

TREATMENT NEEDS

The underlying assumption of this need for treatment analysis is that if an individual receives a diagnosis of substance dependence for any of the substances surveyed, that individual is assumed to need treatment. In order to estimate the need for substance abuse treatment, six questions (see Table 15) were included in the survey questionnaire that have shown a high correlation with the diagnosis of alcohol and drug dependence.

The questions have been used by the Arrestee Drug Abuse Monitoring Program (ADAM) to detect the need for substance abuse treatment. According to the **Methodology Guide for ADAM** published in May 2001, "Frequency of use alone is not an accurate indicator of abuse or dependence; that is, lower levels of use can signal abuse or dependence and higher levels can be less problematic than they appear.... For this reason a clinically relevant measure of abuse and dependence was included in the new ADAM. Scores of 2 or more indicate problems at level of abuse of the substance (drugs or alcohol) and scores of 3 or more indicate problems at a level of dependence. The latter is generally used as an indication of need for treatment." The criteria for alcohol and drug dependence are detailed in the **Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)** and are listed below for reference.

The Criteria for Psychoactive Substance Dependence

The DSM-IV criteria for Substance Dependence requires "A maladaptive pattern of substance use, leading to clinically significant impairment or distress as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- 1) tolerance, as defined by either of the following:
 - (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - (b) markedly diminished effect with continued use of the same amount of the substance
- 2) withdrawal, as manifested by either of the following:
 - (a) the characteristic withdrawal symptoms for the substance
 - (b) the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
- 3) the substance is often taken in larger amounts or over a longer period than the person intended
- 4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
- 5) a great deal of time spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects
- 6) important social, occupational, or recreational activities given up or reduced because of substance use
- 7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)."

The questions that ask about problems related to alcohol and drugs are presented in Table 15 along with the percentage of students who reported each of the problem behaviors. Applying the criteria that students who answer yes to three or more of the items need treatment reveals that 9.1% of students need treatment for alcohol problems and 4.1% need treatment for drug problems, with a total of 10.8% of college students needing treatment for alcohol or drug problems. These results and the need for treatment by individuals 18 to 25 years of age in Utah from the Utah 2000 Adult Telephone Survey and the 2003 National Survey on Drug Use and Health can be seen in Table 16.

Table 15: Need for Treatment Questions

	Yes - Alcohol		Yes - D	rugs						
	N*	%	N*	%						
Need for Treatment Symptoms - In the past 12 months, have										
You spent more time using substance than you intended?	504	4.9	253	2.5						
You neglected responsibilities because of substance use?	503	5.0	238	2.4						
You wanted to cut down on substance use?	763	7.8	446	4.6						
Anyone objected to your substance use?	713	7.4	363	3.8						
You frequently thought about using substances?	1049	10.5	519	5.2						
You used substance to relieve bad feelings?	1266	12.6	477	4.5						

^{*} In this table, N represents the number of respondents who answered yes to these questions.

Comparing the need for treatment by college students with the results from the Utah 2000 Adult Telephone Survey shows that college students need treatment at approximately the same rate as other individuals 18 to 25 years of age in Utah. The national survey estimates are somewhat higher than the Utah Survey Results.

Table 17 highlights the need for drug, alcohol, and mental health treatment by participant characteristics. As can be expected, group results here are similar to the results found in looking at substance use by group. Males and females have similar needs for alcohol treatment and females have a lower need for drug abuse treatment. The categories that appear to have an elevated need for treatment (in comparison to the other categories in their respective groups) are students aged 24 and younger (11.3% in need of alcohol or drug treatment); college freshman (12.8% in need of alcohol or drug treatment); unmarried students (12.8% of singles, 28.4% of cohabitating students, and 16.6% of separated, divorced or widowed students are in need of alcohol or drug treatment); fraternity or sorority students (29.5% in need of drug or alcohol treatment); and students receiving D or F grade point averages (27.5% in need of drug or alcohol treatment). As with substance use rates, LDS individuals and individuals who attend religious services once or twice a week have a much lower need for treatment compared to other religions and individuals who attend religious services less regularly or do not attend at all.

Table 16: Percentage Needing Treatment

				Alcoho	l or	
	Alcohol		Drugs		Drug	S
	N*	%	N*	%	N*	%
Utah College Survey 2005	10,050	7.3	9,942	3.5	9,955	9.0
Utah College Survey 2003**	5879	6.9	5843	3.8	5792	8.4
Utah 2000 Phone Survey (18-25)	1,051	7.1	1,051	2.3	1,051	8.4
2003 National Survey on Drug Use and						
Health (18-25 Results for Utah)	Approx. 900	5.6	Approx. 900	3.7		

^{*} In this table, N represents the number of respondents in the survey. The numbers vary across the categories because respondents sometimes skip questions. ** The 2003 data have been weighted and therefore will not match the 2003 report.

Table 17: Treatment Needs by Participant Characteristics

	Number of Participants in Category	% Needing Alcohol Treatment	% Needing Drug Treatment	%Needing Alcohol or Drug Treatment	%Needing Mental Health Treatment
Total Percent	10687	7.3	3.5	9.0	27.8
Gender					
Male	4826	7.5	4.4	9.5	22.6
Female	5691	7.2	2.8	8.5	32.0
Academic Year					
Freshman	2775	8.1	5.1	10.5	29.9
Sophomore	3213	6.6	3.1	8.1	26.6
Junior	2351	7.6	3.1	8.8	28.3
Senior	1819	6.4	2.9	8.1	25.3
Age					
24 and Younger	7701	7.7	3.8	9.3	27.2
25 and Older	2745	6.2	2.9	8.0	29.7
Marital Status					
Single	7031	8.8	4.3	10.6	29.1
Married	2883	2.1	1.3	3.1	22.4
Separated, Divorced, or Widowed	389	11.4	3.6	13.1	55.8
Cohabitating	215	19.2	9.0	24.4	27.7
Housing					
Houses/Apartments/etc.	9426	7.0	3.5	8.7	27.6
Residence Hall	751	8.6	3.1	10.1	30.5
Approved Housing	162	11.7	3.7	11.8	27.8
Fraternity or Sorority	45	24.4	2.4	22.2	21.1
Other	160	7.5	6.2	10.0	38.2
Grade Point Average					
A	4126	5.0	2.0	8.7	27.5
В	5206	8.0	3.7	10.0	30.5
С	1031	12.0	8.0	12.5	28.6
D or F	54	8.3	12.5	24.4	23.5
Religious Attendance					
Never Attend	1354	17.7	9.5	22.1	36.1
Rarely Attend	1442	16.9	8.1	20.7	36.1
Attend 1-2 Times a Month	867	13.4	4.6	14.9	35.0
Attend About Once a Week or More	6882	2.3	1.2	3.0	23.5
Religious Preference					
Catholic	470	18.7	6.6	22.7	29.0
LDS	7822	4.1	2.0	4.9	25.4
Protestant	221	11.7	3.9	14.6	24.9
Other	772	14.3	6.8	17.4	37.6
No Preference	1204	17.7	10.0	22.7	35.7

Mental Health Scale

According to information published by the DSAMH, the Positive Mental Health Index (PMHI) is a sub-scale of the General Well-Being Schedule which focuses on symptoms and social functioning. In Utah, the PMHI has been used in statewide substance abuse need assessment studies to assist in identifying psychological distress and dysfunction. There are 10 items in the PMHI and each item has six responses that are scored 0 to 5 (scores range from 0 to 50). The 10 items can be reviewed on the College Survey in Appendix A, items 113 through 122. The instrument has good reliability (.87 to .97) and has been shown to discriminate between mental health clients and individuals from the normal population. General population norms have been developed for males and females as well as various age groups including 18 to 25.

The method of converting raw scores into a measure of mental health called the "Distress Level" can be seen in Table 18. The norms of the PMHI reflect the percentage of individuals in each of the five categories of raw scores. A review of Table 18 shows that for males, the normal population has 1.3% in the "Very High" range and an additional 13.1% in the "high" range while for females 3.7% are in the very high range and 13.2% are in the High range. Scores in both the Very High and the High ranges are deemed clinically significant and indicate that treatment is indicated. The results for college students show that more individuals have clinically significant scores than the general population (males 22.6% compared to 14.4%, females 32.1% compared to 16.9%). The mental health treatment needs (those scoring in the clinical range) can be seen in Table 18.

By group, as shown in Table 17, mental health treatment needs are very similar for categories within each group, as factors such as age, year in school, and housing do not appear to have as much an impact on the need for treatment. However, when looking at grade point averages, Table 17 shows that the need for mental health treatment increases with decreased GPA (26.5% of 'A' students need treatment compared to 45.5% of 'D' or 'F' students). Further, students who are separated, divorced, or widowed indicated the highest need for treatment of any other category in any other participant group, with 57.9% of these individuals needing mental health treatment.

Table 18: Measures of Mental Health

		Percentage									
Distress Level	Raw Score	Male	Male Norm	Female	Female Norm						
Very High	0-20	5.0	1.3	8.6	3.7						
High	21-30	17.6	13.1	23.5	13.2						
Very High or High		22.6	14.4	32.1	16.9						
Moderate	31-36	19.7	13.5	22.0	21.9						
Mild	37-43	39.3	38.5	34.6	35.4						
Little or none	44-50	18.3	33.6	11.3	25.8						

HEALTH AND SAFETY ISSUES

Although the survey focused primarily on substance abuse and related risk and protective factors, the campuses and the Utah Department of Health were also interested in using the survey to assess other health-related issues among college students. The use of tobacco products was of particular interest. Because smoking is related to many health problems, smoking prevention and treatment programs have been implemented at the state and national levels. Among youth there has been a reduction in rates of smoking over the past several years. In this survey, 8.6% in 2003 and 7.9% in 2005 smoked during the past 30 days. This decrease represents a statistically significant difference. There was no decrease, however, in the past year and lifetime use rates of cigarettes. In fact, there was a slight increase, possibly indicating that regular use is decreasing while casual use is increasing. However, the number of individuals who smoke regularly is much less than indicated by the 30 day use rates. Only 4.2% report smoking regularly, and 4.9% report smoking at least one cigarette per day in the past 30 days. Thus, the number of every-day smokers is quite low on Utah campuses.

When smokers were asked if they had (in the past year) stopped smoking for a day or longer because they were trying to quit smoking, almost half (46.4%) reported "yes." A review of the 625 students who indicated that they wanted to quit smoking during the past year reveals that there were 445 smokers who do not consider themselves "regular smokers" who were interested in quitting. The services that smokers would use to quit include: calling a quit line (24.2%), using a campus-based clinic or class (31.6%), counseling from a doctor or nurse (34.9%), self help materials (31.4%), or a free internet quit service (32.5%).

Other health and safety information gathered from the survey included information on:

- Driving under the influence (DUI) of drugs or alcohol in the past year (8.9%)
- Being arrested for DUI (0.5%)
- Wearing a seatbelt all or most of the time when someone else is driving (89.1%)
- Wearing a seatbelt all or most of the time when the respondent is driving (89.7%)
- Serious thoughts about suicide due to alcohol or drug use (3.6%)
- Serious attempts to commit suicide due to alcohol or drug use (1.0%)
- Being involved in a physical fight (9.1%)

Of the students who rode bicycles in the past year, 47.0% never wore a helmet. The results of other health and safety items contained in the survey can be reviewed in Appendix D where the responses to all of the survey questions are listed.

The survey questionnaire asked each student for his or her height and weight to use to calculate their body mass index (BMI). While not all students completed the height and weight questions, for those who did, the BMI was calculated and used to determine the relationship between BMI and exercise and dieting. Table 19 reports the percentage of college students by category who fit into the following BMI classifications: underweight, normal, overweight, and obese. Of all respondents who completed the height and weight questions, 4.4% were classified as underweight, 61.4% as normal, 23.2% as overweight, and 11.1% as obese. By participant characteristics, more males than females tend to be overweight (30.4% of males compared to 16.8% of females) and obese (11.8% of males compared to 10.5% of females). Age and marital

status also appear to be a factor, as more students over the age of 24 were classified as overweight or obese than students 24 and younger, and more married, cohabitating, separated, divorced, or widowed individuals were classified as overweight or obese than single individuals.

Table 19: Body Mass Index Classifications by Participant Characteristics

	Under- weight	Normal	Over- weight	Obese	Total
Total Percent	4.4	61.4	23.2	11.1	100.0
Gender					
Male	1.7	56.1	30.4	11.8	100.0
Female	6.7	66.1	16.8	10.5	100.0
Age					
24 and Younger	5.1	68.2	19.7	7.0	100.0
Older than 24	2.3	42.0	32.7	23.0	100.0
Marital Status					
Single	5.2	66.4	19.9	8.5	100.0
Married	2.6	51.6	29.6	16.1	100.0
Separated, Divorced, or Widowed	3.7	47.3	29.2	19.8	100.0
Cohabitating	4.9	56.3	25.2	13.6	100.0

Student health and dieting issues are reported in Table 20. Overall, a majority (89.9%) of students eat at least one serving of fruits or vegetables per day and 55.6% have exercised at least once in the past month. Students that fall in the normal or overweight BMI classifications are slightly more likely to exercise than individuals classified as underweight or obese (57.0% of normal BMI and 55.1% of overweight BMI compared to 49.2% of underweight and 51.3% of obese). Overweight and obese students were more likely to report eating less food, fewer calories, or low-fat foods in order to lose weight.

Table 20: Student Health and Dieting Issues by Body Mass Index Classifications

verage number of servings of fruits and vegetables eaten each day?											
	Under- weight	Normal	Over- weight	Obese	Total						
Less than 1 serving	10.4	10.0	9.5	12.1	10.1						
At least 1 but less than 3	40.8	39.9	42.2	40.4	40.5						
At least 3 but less than 5	20.3	28.1	26.8	24.8	27.1						
5 or more servings	28.5	22.0	21.5	22.6	22.2						
During the past month, other that activities or exercise such as rulexercise?		•	•								
	Under- weight	Normal	Over- weight	Obese	Total						
No	50.8	43.0	44.9	48.7	44.4						
Yes	49.2	57.0	55.1	51.3	55.6						

Table 20 (Continued): Student Health and Dieting Issues by Body Mass Index Classifications

Classifications					
In the past 12 months has a doc about your weight?	tor, nurse, o	r other healt	h professior	nal given you	u advice
	Under- weight	Normal	Over- weight	Obese	Total
Yes, lose weight	1.2	1.4	11.1	39.4	7.9
Yes, gain weight	15.6	2.1	0.4	0.3	2.1
Yes, maintain weight	4.0	5.2	3.0	2.3	4.3
No	79.1	91.4	85.5	58.1	85.7
During the past 30 days, did you weight?		od, fewer cal	·	ds low in fat	to lose
	Under-	Normal	Over-	Obese	Total
Nie	weight		weight 48.3	44.7	
No	71.5 28.5	60.3 39.7	51.7	55.3	56.3 43.7
Yes	20.5	39.7	51.7	55.3	43.7
On how many of the past 7 days least 30 minutes that made you				nysical activi	ity for at
	Under-		Over-		
	weight	Normal	weight	Obese	Total
0 Days	27.8	19.2	22.0	20.2	
		19.2	22.8	30.2	21.6
1 Day	17.6	13.1	13.8	15.7	
1 Day 2 Days	17.6 20.0				13.8
-	1	13.1	13.8	15.7	13.8 16.3
2 Days	20.0	13.1 16.7	13.8 15.0	15.7 15.4	13.8 16.3
2 Days 3 Days	20.0 14.3	13.1 16.7 19.2	13.8 15.0 18.6	15.7 15.4 17.2	13.8 16.3 18.6 12.1
2 Days 3 Days 4 Days	20.0 14.3 7.1	13.1 16.7 19.2 13.1	13.8 15.0 18.6 11.9	15.7 15.4 17.2 9.2	21.6 13.8 16.3 18.6 12.1 9.9 5.5

PREVENTION PROGRAMS AND CAMPUS POLICIES

The College Survey contains several questions that inquire about campus ATOD prevention programs, campus policies, and student perceptions of ATOD use. Student perceptions of ATOD policies on campus are contained in Table 21. As can be seen, most students (70.4%) are aware that the campus has drug/alcohol policies and that campus personnel are concerned with drug/alcohol prevention (66.2%). However, over one-half (64.0%) do not know whether or not the campus has a drug/alcohol prevention program. Most students do not believe that campus drug and alcohol policies are enforced (67.1%). It is interesting that most students (73.7%) support stricter discipline for repeated campus drug/alcohol violations, however, only 48.5% believe other students on campus would support stricter discipline for repeated campus drug/alcohol violations. Nearly three quarters of students say they would support making their campus tobacco-free.

Table 21: Campus Drug and Alcohol Prevention Policies

Table 211 Campae Brag and Accordent Total Month of the Control		
	% that s	aid Yes
	2003	2005
Does your campus have drug/alcohol policies?	71.2	70.4
If so, are they enforced?	34.0	32.9
Does your campus have a drug/alcohol prevention		
program?	36.3	36.0
Do you believe your campus is concerned with		
drug/alcohol prevention?	67.5	66.2
Are you involved with drug/alcohol prevention on your		
campus?	6.2	5.6
Would you support a policy to make your campus tobacco-		
free?	N/A	74.1
Do you support stricter discipline for repeated campus		
alcohol violations?	74.1	73.7
Do you think other students support stricter discipline for		
repeated campus alcohol violations?	47.5	48.5

PERCEIVED SUBSTANCE USE

In order to determine student perception of ATOD use on campus, students were asked to indicate what percentage of students they believed had used each substance in the past year. Generally, students tend to overestimate ATOD use by their peers. However, the differences between perceived use and actual use is much less than was indicated by the results of the 2003 College Survey, when the question was asked as, "How often do you think the average student on your campus uses [specific drug]?" For example, in 2003, most students indicated that they thought the average student used alcohol (88.5%) and marijuana (79.5%) at least once in the past year. When the questions were changed to ask what percentage students perceived used the substances in the past year, it was clear that although students still overestimate the numbers of students who use alcohol, tobacco, and marijuana, students have a more realistic sense of the numbers of students using on their campuses. For example, students perceived that 42.3% of students on campus used alcohol in the past year and 21.9% used marijuana in the past year. In fact, as shown in Table 22, only 30.4% actually drank alcohol in the past year, and 9.1% actually used marijuana in the past year. These results still show that students overestimate ATOD use by their peers. Since the perception of ATOD use by others influences a student's choice to use ATODs, it is important that information about actual use rates of the various substances be made available to students on campus.

Table 22. Perceptions of Peer Substance Use and Actual Use Rates

	2003	2005	2003	2005
% who perceive the average that students perceive used in the past year Average % that students perceive used in the past year		% Actual Past Year Use	% Actual Past Year Use	
Tobacco	79.2	28.2	13.1	13.0
Alcohol	88.5	42.3	27.8	30.4
Marijuana	79.5	21.9	10.2	9.1

SUMMARY

The overall participation rate by Utah students in the **2005 Utah Higher Education Health Behavior Survey** was excellent, with over twice the number of respondents as the 2003 survey. In addition, most campuses were able to reach their goals at the class level so that valid analyses could be provided for freshmen, sophomores, juniors, and seniors; as well as for the campus overall. These results produced information that can be used for prevention and treatment planning for Utah's college population. Overall, the rates of ATOD use for Utah students are much lower than for students nationally. For most substances, Utah students use at rates that are one-half to one-quarter the national rates.

APPENDIX A:	2005 Utah Higher	· Education Heal	lth Behavior Sur	vev
				- 5 ,

UTAH Higher Education Health Behavior Survey

The purpose of this survey is to learn about Utah college student health behaviors.

The survey is completely voluntary and anonymous and your responses will be kept confidential. DO NOT write your name or other identifying marks on this form. If you are younger than 18 DO NOT take this survey. This is not a test and there are no right or wrong answers.

Please answer the questions as honestly as you can. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer. The questionnaire will take approximately one 50 minute class period to complete.

If you do not wish to participate you will not be penalized, please just set the survey aside and check with your professor for an alternative activity. If you have questions or comments concerning the availability of substance abuse services, please contact your campus Alcohol & Drug Education Office.

Please mark only one answer for each question by completely filling in the circle with a #2 pencil.

1.	Are you: Male	☐ Female							
2.	18 DO NOT take the survey)?	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 7 8 8 9 9	9.	What is your height (in feet and inches)?	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	0 0 0 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 7 8 8 9 9	10.	What is your weight (in pounds)?	pounds 0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 7 8 8 8 8 9 9 9
3.	What is your class level?		11	. What is your	place of	perman	ent resi	dence?	
	SophomoreJunior	☐ Grad/Professional☐ Not seeking a degree☐ Certificate Program☐ Other	4.6	☐ In-state ☐ USA, bu ☐ Country	ut out of other th	nan USA			
4.	What is your major area o	of study?	12	2. What is your	relation	•			
	Business Education Fine Arts Humanities Human Services/Health Are you Hispanic or Latin Yes No What is your race? Select Black or African Americ	o? t one or more.	13	☐ Single ☐ Married ☐ Separat 3. What is your zipcode?	ed	1 (1 (2 (2 (3 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	wed abitating	0 1 2 3 4 5 6 7	
7.	Asian American Indian Alaska Native White Native Hawaiian or Othe Other (please specify — What is your current stud Full-time (12+ credits) Part-time (1-11 credits)	ent status?	14	I. What is the zi where you att the 12th grad- high school?	ended	0 (0 (1) (1) (2) (2) (3) (3) (4) (4) (5) (6)) (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9	0 (1) (2) (3) (4) (5)	
8.	What is your current resid					77	777 988 999	7	

Phone: (801) 359-2064

Bach Harrison, L.L.C. 757 East South Temple, Suite # 120

Salt Lake City, Utah, 84102

OCCASIONS

On now many occasions (if any) nave you:				3-5	6-9	10-19	20-39	40+
35. had alcoholic beverages (beer, wine or hard liquor) to drink in the past y more than just a few sips?	year –	0	0	0	0	0	0	0
36. had beer, wine or hard liquor to drink during the past 30 days?		0	0	0	0	0	0	0
37. been drunk or very high from drinking alcoholic beverages during the pa	ast 30 days?	0	0	0	0	0	0	0
38. used marijuana (grass, pot) or hashish (hash, hash oil) in the past year	?	0	0	0	0	0	0	0
39. used marijuana (grass, pot) or hashish (hash, hash oil) during the ${\bf past}$	30 days ?	0	0	0	0	0	0	0
40. used LSD or other psychedelics in the past year ?		0	0	0	0	0	0	0
41. used LSD or other psychedelics during the past 30 days?		0	0	0	0	0	0	0
42. used cocaine or crack in the past year ?		0	0	0	0	0	0	0
43. used cocaine or crack during the past 30 days ?		0	0	0	0	0	0	0
44. sniffed glue, breathed the contents of an aerosol spray can, or inhaled of sprays (nitrous or poppers), in order to get high in the past year?	other gases or	0	0	0	0	0	0	0
45. sniffed glue, breathed the contents of an aerosol spray can, or inhaled of sprays (nitrous or poppers), in order to get high during the past 30 days		0	0	0	0	0	0	0
46. used phenoxydine (pox, px, breeze) in the past year ?		0	0	0	0	0	0	0
47. used phenoxydine (pox, px, breeze) during the past 30 days ?		0	0	0	0	0	0	0
48. used stimulants (amphetamines, meth, crystal, Ritalin, Dexedrine) without a doctor telling you to take them, in the past year ?		0	0	0	0	0	0	0
49. used stimulants (amphetamines, meth, crystal, Ritalin, Dexedrine) without a doctor telling you to take them, during the past 30 days ?		0	0	0	0	0	0	0
50. used sedatives (tranquilizers, such as valium or xanax, barbiturates, or without a doctor telling you to take them, in the past year ?	sleeping pills)	0	0	0	0	0	0	0
51. used sedatives (tranquilizers, such as valium or xanax, barbiturates, or without a doctor telling you to take them, during the past 30 days ?	sleeping pills)	0	0	0	0	0	0	0
52. used heroin or other opiates (codeine, oxycontin) without a doctor telling them, in the past year ?	g you to take	0	0	0	0	0	0	0
53. used heroin or other opiates (codeine, oxycontin) without a doctor telling them, during the past 30 days ?	g you to take	0	0	0	0	0	0	0
54. used DXM (dextromethorphan, drinking cough syrup to get high) in the	past year?	0	0	0	0	0	0	0
55. used DXM (dextromethorphan, drinking cough syrup to get high) during	the past 30 days?	0	0	0	0	0	0	0
56. used MDMA ('X', 'E', or ecstasy) in the past year?		0	0	0	0	0	0	0
57. used MDMA ('X', 'E', or ecstasy) during the past 30 days ?		0	0	0	0	0	0	0
58. used club drugs other than MDMA (such as GHB, rohypnol, or ketamine	e) in the past year ?	0	0	0	0	0	0	0
59. used club drugs other than MDMA (such as GHB, rohypnol, or ketamine the past 30 days ?	e) during	0	0	0	0	0	0	0
60. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?	61. How often have you past 30 days?	taken	smoke	eless t	obacc	o durin	ig the	
○ Never ○ Regularly in the past	○ Not at all○ Once or twice					ve times e a day		eek
○ Once or Twice	Once or twice per	week	C	⊃ More	e than	once a	day	
Once in a while but not regularly	62. Have you ever smok	ed cig	arettes	s?				
	○ Never○ Once or Twice○ Once in a while but	_ 0 , 1						

c. brother(s)/sister(s)

d. other relative(s)

O No

O No

Yes

Yes

c. do you feel safe on this campus?

	n this campus, is drinking a c	ciili ai	Dail					
	the social life of the following					N	Y∈ lo)
a.	male students						\bigcirc	\subseteq
b.	female students						0	C
c.	faculty/staff						0	C
d.	alumni						0	C
e.	athletes						0	C
f.	fraternities						0	C
g.	sororities						0	C
	what extent has your alcoho					ase		e
	anged within the last 12 mon							
	what extent has your illegal anged within the last 12 mon		use					C
	th the following atements?				Disa	agre	:е	
				N	eutr			
		Str	ongly a	Agr	eutr			
a.	I feel valued as a person on th			Agr	eutr		0	_
	I feel valued as a person on th I feel that faculty and staff care as a student	is cam	npus	Agr	eutr		0	
b.	I feel that faculty and staff care	iis cam e abou	npus t me	Agr	eutr		0 0	
b.	I feel that faculty and staff care as a student I have a responsibility to contri	is cam e abou ibute to	npus t me	Agr	eutr		0 0	
b. c. d.	I feel that faculty and staff care as a student I have a responsibility to contrivell-being of other students my campus encourages me to	e abou	npus t me t the	Agr	eutr		0 0 0	

Seldom

Sometimes

Almost Always

26+

100. How often did you or your partner use a condom in the

95. At what age did

No, and I am somewhat disturbed

No, and I am very disturbed

Most of the time

A little of the timeNone of the time

A good bit of the timeSome of the time

 A. How often do you drink fruit juices such as orange, grapefruit, or tomato?

per day		per v	veek	р	er n	ont	h	per	yeaı
0 (1) (2) (3) (4) (5) (5) (6)	1) 2) 3) 4)		0 1 2 3 4 5		(a) (a) (d)	010345		2 3 4	0 1 2 3 4 5
6 (7 (7 (8 (8 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9	7) 8)	6 7 8 9	6 7 8 9		7	6 7 8 9		7	6 7 8 9

b. Not counting juice, how often do you eat fruit?

per day	per week	per month	per year
	1111		1111
22	22	22	22
33	33	33	33
44	44	44	44
55	55	55	55
66	66	66	66
σ	(7)(7)	(7)(7)	(7)(7)
88	8 8	88	88
99	99	99	99

c. How often do you eat green salad?

per day	per week	per month	per year
	00		
22	22	22	22
33	33	33	33
44	44	44	44
55	55	55	55
66	66	66	66
77	77	77	77
88	88	88	88
99	99	99	99

d. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

per day	pei we	ek pei	illollitii	pei	year
00		0		0	0
111		D I		1	1
22		2 2	2	2	2
33		3 3	3	3	3
4 4		4 4	(4)	4	4
5 5		5 5	(5)	(5)	(5)
66		6	(6)	6	6
77		7 7		7	7
88		8 8	(8)	8	8
99		9 9	9	9	9
			=		

per month

per day

e. How often do you eat carrots?

per day	per week	per month	per year
0 0 1 1 2 2 3 3 3 4 4 4 5 5 6 6 7 7 8 8 8 9 9	0 0 0 1 1 1 2 2 3 3 3 4 4 4 4 5 5 5 6 6 6 7 7 8 8 8 9 9	0 0 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9

f. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(A serving of vegetables at both lunch and dinner would be two servings.)

per day	per week	per month	per yea
0 0 1 1 2 2 3 3 4 4 4 5 5 5 6 6 7 7	0 0 0 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7	0 0 0 1 1 2 2 3 3 4 4 4 5 5 6 6 6 7 7	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7
8 8 9 9	8 8 9 9	8 8 9 9	8 9 9

This is all of the questions, thank you for taking the time to fill out this survey.

APPENDIX B: Survey Administration Materials: Online Student Invitation to Participate, Teacher Survey Administration Instructions, Class Administration Instructions and Script

STUDENT ON-LINE INVITATION TO PARTICIPATE

You have been selected from a random sample of students to participate in the <u>Utah Higher Education Health Behavior Survey</u>. The purpose of this survey is to learn what students at Utah colleges think about alcohol, tobacco, and other drug use, school, their peers, and health related behaviors. The information gathered will be used for planning prevention services on campus.

The survey is anonymous and voluntary. If you do not wish to participate feel free to refuse. If you wish to accept this invitation you may either take the survey on-line or at the Student Testing Center during [INSERT DATES].

To take the survey on-line, go to [INSERT ADDRESS].

ID: [INSERT ID]

Password: [INSERT PASSWORD]

After logging in, you will receive detailed instructions. The survey itself will be self-explanatory. In appreciation of your participation, upon completion of the survey, you may enter an "opportunity drawing" for [INSERT DETAILS OF YOUR DRAWING – PRIZE AND NUMBER AWARDED, ETC.]. After 2 weeks, students who have not filled out the information for the opportunity drawing will be sent a reminder to complete the survey. However, there will be no way to link your survey responses to your contact information. Please be assured that your survey responses are anonymous.

Thank you for taking the time to consider participating in this survey. We again want to stress that the information is anonymous and that this is strictly a voluntary survey.

Utah Higher Education Health Behavior Survey (UHEHBS) Instructor Guide (With Drawing)

Prior to Class:

- 1. Make certain that you have enough survey booklets for all of the students in your class, and remember that only students 18 years of age and older can take this survey.
- 2. Make sure you have enough drawing entries for the entire class.
- 3. Please verify that your class seating is arranged so that others cannot see a student's answers to the survey questions.
- 4. The student survey will last an **entire class period (45 minutes)**. Please reserve the whole class period on the selected date so that your students have time to finish the survey without feeling rushed.

During Class:

- 1. A verbatim script, called "Class Administration Instructions," is included with this package. These instructions must be carefully and clearly read to your students at the beginning of the class period.
- 2. Please remain at the front of the classroom while students are completing the survey. It is important that the students feel comfortable that no one will see their answers.
- 3. It is important that students use the pencils provided (No. 2) because the surveys will be scanned to retrieve the data.
- 4. Write on the board: For further questions or information contact Utah State Dept. of Human Services: Connie Kitchens at 801-538-3939 or Mary Caputo 538-4295. Or the Campus Office of Alcohol & Drug Education [INSERT CONTACT'S NAME AND NUMBER].
- 5. At the end of class, pass around the large envelope and ask students to place their completed surveys inside. Monitor this process to ensure that students **do not** take any surveys out of the envelope as it goes around the room. Instruct the last person in class to seal the envelope before returning it to you. Also, instruct the students to fill out the entry form if they wish to participate in the "opportunity drawing" for their participation.
- 6. Before returning the completed surveys, fill out the information on the envelope label. *This information is very important to ensure the validity of the data.*

After Class:

1. Please return the envelopes containing all of your **used** survey materials to your school's survey coordinator at the end of the class period **OR** work with your survey coordinator to arrange another means of transferring the packet. It is important that these materials are stored in a safe location to protect the students.

Utah Higher Education Health Behavior Survey (UHEHBS) Instructor Guide (No Drawing)

Prior to Class:

- 1. Make certain that you have enough survey booklets for all of the students in your class, and remember that only students 18 years of age and older can take this survey.
- 2. Make sure you have enough drawing entries for the entire class.
- 3. Please verify that your class seating is arranged so that others cannot see a student's answers to the survey questions.
- 4. The student survey will last an **entire class period (45 minutes)**. Please reserve the whole class period on the selected date so that your students have time to finish the survey without feeling rushed.

During Class:

- 1. A verbatim script, called "Class Administration Instructions," is included with this package. These instructions must be carefully and clearly read to your students at the beginning of the class period.
- 2. Please remain at the front of the classroom while students are completing the survey. It is important that the students feel comfortable that no one will see their answers.
- 3. It is important that students use the pencils provided (No. 2) because the surveys will be scanned to retrieve the data.
- 4. Write on the board: For further questions or information contact Utah State Dept. of Human Services: Connie Kitchens at 801-538-3939 or Mary Caputo 538-4295. Or the Campus Office of Alcohol & Drug Education [INSERT CONTACT'S NAME AND NUMBER].
- 5. At the end of class, pass around the large envelope and ask students to place their completed surveys inside. Monitor this process to ensure that students **do not** take any surveys out of the envelope as it goes around the room. Instruct the last person in class to seal the envelope before returning it to you.
- 6. Before returning the completed surveys, fill out the information on the envelope label. *This information is very important to ensure the validity of the data.*

After Class:

1. Please return the envelopes containing all of your **used** survey materials to your school's survey coordinator at the end of the class period **OR** work with your survey coordinator to arrange another means of transferring the packet. It is important that these materials are stored in a safe location to protect the students.

CLASS SCRIPT - WITH DRAWING

[READ TO THE CLASS:] Today, we will be completing the <u>Utah Higher Education Health Behavior Survey</u>. The purpose of this survey is to learn what students in Utah colleges think about alcohol, tobacco, and other drug use, school, their peers, and health related behaviors. This information will be used for planning prevention services on campus.

The survey is **anonymous**. The survey does not ask for your name or any other identifying information, so no one will know how you answer any of the questions. You should read each question on the survey and fill in the circle for your answer. **If there are any questions that you do not wish to answer for any reason, you do not have to answer them. Simply leave them blank.**

At the end of class, I will pass around an envelope and ask you to place your completed survey booklet inside. The last person in class will seal this envelope before returning it to me. I will also pass around an additional envelope that you may put your name and phone number in to enter an "opportunity drawing" for your participation. You will be eligible to win [INSERT DETAILS OF YOUR DRAWING].

The survey is voluntary. If you do not wish to participate in the survey, please just set the survey aside and [SUGGEST AN ALTERNATE ACTIVITY SUCH AS READING QUIETLY].

I'm going to read some instructions to you about completing the survey. Please listen carefully.

[PASS OUT SURVEY BOOKLETS AND THEN READ THE INSTRUCTIONS AT THE BEGINNING OF THE QUESTIONNAIRE AND HAVE THE STUDENTS FOLLOW ALONG. THEN, READ THE FOLLOWING TO THE CLASS:]

- A machine will read your answers automatically.
- Please use the pencil provided or a dark lead #2 pencil to mark your answers.
- Fill in each circle completely and cleanly erase any answer you wish to change.
- Do not make any other marks or comments on the questionnaire.
- Remember: Do not put your name on the questionnaire.
- If you are under age 18, **do not** take this survey.

Please answer the questions as honestly as you can so that the information that comes from the survey is correct and useful. When you finish, please remain at your desk and read or work quietly. If, at any time during the survey, you have a question, raise your hand. For those of you who are still working at the end of class, I will tell you when it's time to stop. If you don't finish the entire questionnaire, that's okay. You may begin.

[AT THE END OF CLASS, PUT ANY UNUSED QUESTIONNAIRES INTO THE ENVELOPE AND SAY:] The class period is over now. If you have not finished the survey, please stop where you are and close the survey booklet. I'm passing around an envelope now. Please put your completed survey inside the envelope and pass it to the next person. Will the last person seal the envelope and return it to me. I'm also passing around the envelope to participate in the "opportunity drawing". Please fill out the entry blank with your preferred method of contact.

On behalf of the Utah Department of Human Services and [college], I would like to thank you for your participation in this important study.

CLASS SCRIPT - NO DRAWING

[READ TO THE CLASS:] Today, we will be completing the <u>Utah Higher Education Health Behavior Survey</u>. The purpose of this survey is to learn what students in Utah colleges think about alcohol, tobacco, and other drug use, school, their peers, and health related behaviors. This information will be used for planning prevention services on campus.

The survey is **anonymous**. The survey does not ask for your name or any other identifying information, so no one will know how you answer any of the questions. You should read each question on the survey and fill in the circle for your answer. **If there are any questions that you do not wish to answer for any reason, you do not have to answer them. Simply leave them blank.**

At the end of class, I will pass around an envelope and ask you to place your completed survey booklet inside. The last person in class will seal this envelope before returning it to me.

The survey is voluntary. If you do not wish to participate in the survey, please just set the survey aside and [SUGGEST AN ALTERNATE ACTIVITY SUCH AS READING QUIETLY].

I'm going to read some instructions to you about completing the survey. Please listen carefully.

[PASS OUT SURVEY BOOKLETS AND THEN READ THE INSTRUCTIONS AT THE BEGINNING OF THE QUESTIONNAIRE AND HAVE THE STUDENTS FOLLOW ALONG. THEN, READ THE FOLLOWING TO THE CLASS:]

- A machine will read your answers automatically.
- Please use the pencil provided or a dark lead #2 pencil to mark your answers.
- Fill in each circle completely and cleanly erase any answer you wish to change.
- Do not make any other marks or comments on the questionnaire.
- Remember: Do not put your name on the questionnaire.
- If you are under age 18, **do not** take this survey.

Please answer the questions as honestly as you can so that the information that comes from the survey is correct and useful.

When you finish, please remain at your desk and read or work quietly. If, at any time during the survey, you have a question, raise your hand. For those of you who are still working at the end of class, I will tell you when it's time to stop. If you don't finish the entire questionnaire, that's okay.

You may begin.

[AT THE END OF CLASS, PUT ANY UNUSED QUESTIONNAIRES INTO THE ENVELOPE AND SAY:] The class period is over now. If you have not finished the survey, please stop where you are and close the survey booklet. I'm passing around an envelope now. Please put your survey inside the envelope and pass it to the next person. Will the last person seal the envelope and return it to me.

On behalf of the Utah Department of Human Services and [college], I would like to thank you for your participation in this important study.

APPENDIX C. Beenenges from Online Surveys Compared to In Class Surveys	
APPENDIX C: Responses from Online Surveys Compared to In-Class Surveys	

Responses from Online Surveys Compared to In-Cass Surveys

Participant Characteristics: UofU, USU, and SLCC (2003 and 2005 combined)

Participant Characteristics: UofU, USU, and SLCC (2003 and 2005 combined)					
	Online Surveys		Paper S	Surveys	
	Number	Percent	Number	Percent	
Total	4,611		1,690		
Total Dishonest	77	1.6%	9	0.5%	
Gender					
Male	2,031	44.4%	860	51.5%	
Female	2,548	55.6%	810	48.5%	
Class					
Freshmen	991	21.5%	550	32.8%	
Sophomores	1,428	31.1%	527	31.4%	
Juniors	1,031	22.4%	290	17.3%	
Seniors	949	20.6%	271	16.1%	
Student Status					
Full-time	3,366	74.0%	1,252	74.2%	
Part-time	1,183	26.0%	423	25.8%	
Age (online mean = 23.9; paper mean = 22.5)					
24 or Less	3,228	70.9%	1,293	79.4%	
Greater than 24	1,327	29.1%	335	20.6%	
Current Residence					
On-campus	682	15.2%	273	16.3%	
Off-campus	3,796	84.8%	1399	83.7%	
Permanent Residence					
In-state	4,184	91.1%	1,523	91.0%	
USA, but other state	358	7.8%	123	7.4%	
Country other than USA	52	1.1%	27	1.6%	
Relationship Status					
Single	2,936	63.9%	1215	72.5%	
Married	1,381	30.0%	393	23.4%	
Separated	36	0.8%	10	0.6%	
Divorced	132	2.9%	40	2.4%	
Widowed	3	0.1%	6	0.4%	
Cohabitating	108	2.3%	12	0.7%	
Currently Employed?					
No	1,146	25.0%	428	25.7%	
Yes, full time	1,281	27.9%	502	30.1%	
Yes, part-time	2,160	47.1%	737	44.2%	

Participant Characteristics: UofU, USU, and SLCC (2003 and 2005 combined)

	Online Surveys		Paper S	urveys
	Number	Percent	Number	Percent
Total	4,611		1,690	
Religious Preference				
Catholic	220	4.8%	74	4.4%
Jewish	14	0.3%	3	0.2%
LDS	3,139	68.5%	1245	74.2%
Protestant	120	2.6%	47	2.8%
Other	398	8.7%	111	6.6%
No preference	689	15.0%	198	11.8%
Religious Attendance				
Never	754	16.4%	212	12.6%
Rarely	647	14.1%	250	14.9%
1 - 2 times a month	370	8.1%	120	7.1%
About once a week or more	2,823	61.4%	1,100	65.4%

ATOD Use: UofU, USU, and SLCC (2003 and 2005 combined)

	Online S	Online Surveys		Surveys
	Number	Percent	Number	Percent
Cigarette Lifetime Use	1,422	31.0%	504	30.3%
Cigarette Past 30 Days	423	9.2%	144	8.6%
Chewing Tobacco Lifetime Use	452	9.9%	198	11.9%
Chewing Tobacco Past 30 Days	54	1.2%	23	1.4%
Alcohol Lifetime Use	2,024	44.4%	735	45.2%
Alcohol Past Year Use	1,524	33.2%	523	31.4%
Alcohol Past 30 Days	1,143	24.9%	388	23.3%
Alcohol Binge in Past 30 Days	538	11.7%	230	13.7%
Marijuana Lifetime Use	1,232	26.9%	464	28.5%
Marijuana Past Year Use	462	10.1%	198	11.9%
Marijuana Past 30 Days	238	5.2%	100	6.0%

Ethnicity 2003	Online Surveys		Paper Surveys	
	Number	Percent	Number	Percent
American Indian	6	0.6%	7	1.0%
Hispanic	37	3.8%	44	6.2%
Asian	29	3.0%	24	3.4%
Pacific Islander	4	0.4%	11	1.5%
White	873	89.9%	605	84.6%
Black	13	1.3%	10	2.0%
Total*	971		715	

Ethnicity 2005	Online Surveys		Paper Surveys	
	Number	Percent	Number	Percent
American Indian	40	1.1%	11	1.1%
Hispanic	176	5.0%	41	4.3%
Asian	104	2.9%	38	3.9%
Pacific Islander	41	1.1%	6	0.6%
White	3,299	90.9%	862	89.0%
Black	26	0.7%	28	0.8%
Total*	3,628		980	

 $^{^{\}star}$ The numbers in each ethnicity do not add up to the total because respondents could choose one or more options in 2005.

APPENDIX D: Utah Higher Education Survey Frequency and Percentage for Each Question

Appendix D: Utah Higher Education Survey Frequency and Percentage Responding to Each Question

All data in Appendix D have been weighted by college as described on page 5 of the main report. (The specific weights for each college are provided in Table 2 of the main report.) The data have also been normalized so that the final count of responses in each category sum to the total number of valid unweighted responses to each question. It should be noted that the participant characteristics reported on page 7 in Table 3 are based on raw (or unweighted) data and therefore will not match the numbers provided in Appendix D. The raw data provided in Table 3 of the report are the actual numbers of respondents in each demographic category, whereas the weighted data in this appendix represent the amount of influence each demographic category exerts on the totals once the data have been weighted by the college contribution to the total Utah college population.

C	Question	Response	#	%
1.	Are you:	male	4,826	45.9
		female	5,690	54.1
2.	How old are you (If you're under age 18, DO NOT take the survey)?	Average Age:		23.5
3.	What is your class level?	Freshman	2,774	26.4
٥.	What is your class level.	Sophomore	3,213	30.6
		Junior	2,350	22.4
		Senior	1,819	17.3
		Grad/Professional	122	1.2
		Not degree seeking	44	0.4
		Certificate program	99	0.9
		Other	89	0.8
4.	What is your major area of study?	Agriculture	63	0.6
		Business	1,853	17.7
		Education	1,028	9.8
		Fine Arts	552	5.3
		Humanities	706	6.8
		Human Services / Health Professional	2,243	21.5
		Natural Resources	84	0.8
		Sciences/Engineering	1,482	14.2
		Social Services	909	8.7
		Trades/Technology	403	3.9
		Undecided	1,121	10.7
5.	Are you Hispanic or Latino?	Yes	485	4.7
		No	9,925	95.3

Q	uestion	Response	#	%
6.	What is your race? Select one or more.	Black or African American	98	0.9
		Asian	288	2.7
		American Indian	159	1.5
		Alaska Native	14	0.1
		White	9,551	89.4
		Native Hawaiian or Other Pacific Islander	121	1.1
		Other	195	1.8
7.	What is your current student status?	Full-Time (12+ credits)	8,273	78.8
		Part-Time (1-11 credits)	2,229	21.2
3.	What is your current resident status?	On-Campus	1,332	12.8
		Off-Campus	9,092	87.2
€.	What is your height (in feet and inches)?	Average height:	5 t	ft, 8 in.
).	What is your weight (in pounds)?	Average weight:		161.0
1.	What is your place of permanent resi-	In-state (Utah)	9,560	90.9
	dence?	USA, but out of state	829	7.9
		Country other than USA	131	1.2
2.	What is your relationship status?	Single	7,030	66.8
		Married	2,883	27.4
		Separated	68	0.7
		Divorced	302	2.9
		Widowed	19	0.2
		Cohabitating	215	2.0

13. What is your current zipcode?

Ų	uestion	Response	#	%
14.	What is the zipcode where you attended the 12th grade in high school?			
15.	Where do you live while attending	House/apartment/etc	9,425	89.4
	school?	Residence hall	751	7.1
		Approved housing	162	1.5
		Fraternity or sorority	45	0.4
		Other	160	1.5
16.	With whom do you live while attending	With roomate(s)	3,680	34.4
	school (mark all that apply)?	Alone	518	4.8
		With Parent(s)	3,077	28.8
		With Spouse	2,841	26.6
		With Children	1,330	12.4
		Other	542	5.1
17.	Are you currently employed?	No	2,684	25.5
		Yes, full time	2,796	26.6
		Yes, part-time	5,034	47.9
18.	What is your approximate cumulative	A+	272	2.6
	grade point average?	A	1,530	14.7
		A-	2,323	22.3
		B+	2,164	20.8
		В	2,136	20.5
		B-	905	8.7
		C+	502	4.8
		C	422	4.0
		C-	107	1.0
		D+	35	0.3
		D	19	0.2
		D-	8	0.1
		F	8	0.1

Q	uestion	Response	#	%
19.	How often do you attend religious	Never	1,354	12.8
	services or activities?	Rarely	1,441	13.7
		1-2 times a month	866	8.2
		About once a week or more	6,881	65.3
20.	What is your religious preference	Catholic	470	4.5
	(choose the religion with which you identify most)?	Jewish	27	0.3
	identity most):	LDS (Mormon)	7,821	74.4
		Protestant	221	2.1
		Other	772	7.3
		No preference	1,204	11.4
21.	Does your campus have alcohol and	Don't know	3,068	29.1
drug policies?	No	54	0.5	
		Yes	7,417	70.4
22.	If so, are they enforced?	Don't know	6,610	63.2
		No	407	3.9
		Yes	3,442	32.9
23.	Does your campus have a drug and	Don't know	6,614	63.3
	alcohol prevention program?	No	79	0.8
		Yes	3,759	36.0
24.	Do you believe your campus is con-	Don't know	2,861	27.2
	cerned about the prevention of drug and alcohol use?	No	693	6.6
	alconol age.	Yes	6,973	66.2
25.	Are you actively involved in efforts to	Don't know	654	6.2
	prevent drug and alcohol use problems on your campus?	No	9,260	88.2
	,	Yes	588	5.6
26.	Would you support a policy to make	Don't know	857	8.1
	your campus tobacco-free?	No	1,872	17.8
		Yes	7,791	74.1

Q	uestion	Response	#	%
27.	Would you prefer to attend parties where:			
a.	alcohol is available	Yes	1,620	15.4
		No	6,250	59.4
		Doesn't matter	2,659	25.3
b.	drugs are available	Yes	240	2.3
		No	9,265	88.0
		Doesn't matter	1,017	9.7
28.	Do you support stricter disciplinary con-	Don't know	1,385	13.2
	sequences for students who repeatedly violate campus alcohol policies?	No	1,377	13.1
	violate campus arconol poncies?	Yes	7,753	73.7
29.	29. Do you think other students support	Don't know	3,633	34.6
	stricter disciplinary consequences for students who repeatedly violate alcohol	No	1,777	16.9
	policies?	Yes	5,101	48.5
30.	Think back over the last two weeks.	None	9,287	88.3
	How many times have you had five or	Once	560	5.3
	more drinks at a sitting?	Twice	311	3.0
		3 to 5 times	253	2.4
		6 to 9 times	78	0.7
		10 or more times	31	0.3
31.	What is the average number of drinks you consume in a week (if less than 10, code answers as 00, 01, 02, etc.)?	Average number of drinks:		1.14
32.	During the past year have you ever	Didn't smoke past year	9,020	87.0
	stopped smoking for a day or longer be-	No	723	7.0
	cause you were trying to quit smoking?	Yes	625	6.0
33.	Would you consider any of the following	services to quit smoking:		
a.	calling a quit line	Didn't smoke past year	8,377	84.7
		No	1,145	11.6
		Yes	368	3.7

Qı	uestion	Response	#	%
b.	a campus based stop smoking clinic or	Didn't smoke past year	8,338	84.7
	class	No	1,026	10.4
		Yes	474	4.8
c.	one-on-one counseling from a doctor	Didn't smoke past year	8,337	84.8
	or nurse	No	971	9.9
		Yes	523	5.3
d.	self help material, books, or videos	Didn't smoke past year	8,317	84.8
		No	1,027	10.5
		Yes	468	4.8
		D'124 1	0.221	04.0
e.	free internet quit service	Didn't smoke past year No	8,331 1,004	84.8 10.2
	Yes	486	4.9	
		ies	460	4.7
f.	other	Didn't smoke past year	3,924	87.5
		No	444	9.9
		Yes	117	2.6
34.	During the past 30 days:			
a.	how many ads or promotions for tobacco	None	7,155	68.3
	products have you seen on or near campus?	A few	3,005	28.7
	campus.	A lot	320	3.1
b.	how many posters, newspaper articles, or other print displays with anti-tobacco	None	3,990	38.1
	messages have you seen on or near	A few	5,341	51.0
	campus?	A lot	1,139	10.9
	59. Oh how many occasions (if any) have y		7.227	60.6
35.	had alcoholic beverages (beer, wine, or hard liquor) to drink in the past year	0 occasions	7,327	69.6
	more than just a few sips?	1-2 occasions	534	5.1
		3-5 occasions 6-9 occasions	450 339	4.3 3.2
		10-19 occasions	501	4.8
		20-39 occasions	448	4.8
		40+ occasions	923	8.8
		TO - OCCUSIONS	943	0.0

Q	uestion	Response	#	%
36.	had beer, wine, or hard liquor to drink	0 occasions	8,191	77.9
	during the past 30 days?	1-2 occasions	891	8.5
		3-5 occasions	547	5.2
		6-9 occasions	342	3.3
		10-19 occasions	332	3.2
		20-39 occasions	148	1.4
		40+ occasions	68	0.7
37.	been drunk or very high from drinking	0 occasions	9,145	87.0
	alcoholic beverages during the past 30 days?	1-2 occasions	809	7.7
		3-5 occasions	288	2.7
		6-9 occasions	138	1.3
		10-19 occasions	87	0.8
		20-39 occasions	25	0.2
	40+ occasions	15	0.1	
38.	used marijuana (grass, pot) or hashish	0 occasions	9,545	90.9
	(hash, hash oil) in the past year?	1-2 occasions	337	3.2
		3-5 occasions	166	1.6
		6-9 occasions	70	0.7
		10-19 occasions	69	0.7
		20-39 occasions	64	0.6
		40+ occasions	250	2.4
39.	used marijuana (grass, pot) or hashish	0 occasions	10,024	95.4
	(hash, hash oil) during the past 30 days?	1-2 occasions	196	1.9
		3-5 occasions	50	0.5
		6-9 occasions	47	0.5
		10-19 occasions	76	0.7
		20-39 occasions	52	0.5
		40+ occasions	61	0.6

Qı	uestion	Response	#	%
40.	used LSD or other psychedelics in the	0 occasions	10,332	98.4
	past year?	1-2 occasions	107	1.0
		3-5 occasions	44	0.4
		6-9 occasions	10	0.1
		10-19 occasions	6	0.1
		20-39 occasions	1	0.0
		40+ occasions	1	0.0
41.	used LSD or other psychedelics during the past 30 days?	0 occasions	10,471	99.6
	1	1-2 occasions	35	0.3
		3-5 occasions	4	0.0
		6-9 occasions	1	0.0
		40+ occasions	1	0.0
42.	used cocaine or crack in the past year?	0 occasions	10,316	98.2
		1-2 occasions	98	0.9
		3-5 occasions	37	0.4
		6-9 occasions	19	0.2
		10-19 occasions	17	0.2
		20-39 occasions	12	0.1
		40+ occasions	12	0.1
43.	used cocaine or crack during the past	0 occasions	10,456	99.5
	30 days?	1-2 occasions	37	0.4
		3-5 occasions	9	0.1
		6-9 occasions	3	0.0
		10-19 occasions	0	0.0
		20-39 occasions	2	0.0
		40+ occasions	1	0.0
44.	sniffed glue, breathed the contents of an	0 occasions	10,421	99.2
	aerosol spray can, or inhaled other gases	1-2 occasions	49	0.5
	or sprays (nitrous or poppers), in order to get high in the past year?	3-5 occasions	21	0.2
	to get high in the past year.	6-9 occasions	6	0.1
		10-19 occasions	5	0.0
		20-39 occasions	1	0.0
		40+ occasions	4	0.0

Q	uestion	Response	#	%
45.	sniffed glue, breathed the contents of an	0 occasions	10,475	99.8
	aerosol spray can, or inhaled other gases	1-2 occasions	20	0.2
	or sprays (nitrous or poppers), in order to get high during the past 30 days?	6-9 occasions	0	0.0
		20-39 occasions	2	0.0
		40+ occasions	2	0.0
46.	used phenoxydine (pox, px, breeze) in the past year?	0 occasions	10,511	100.0
47.	used phenoxydine (pox, px, breeze) during the past 30 days?	0 occasions	10,507	100.0
48.	48. used stimulants (amphetamines, meth, crystal, Ritalin, Dexedrine) without a doctor telling you to take them, in the	0 occasions	10,317	98.2
		1-2 occasions	93	0.9
past year?	3-5 occasions	31	0.3	
		6-9 occasions	19	0.2
		10-19 occasions	16	0.2
		20-39 occasions	13	0.1
		40+ occasions	15	0.1
49.	used stimulants (amphetamines, meth,	0 occasions	10,428	99.4
	crystal, Ritalin, Dexedrine) without a	1-2 occasions	34	0.3
	doctor telling you to take them, during the past 30 days?	3-5 occasions	9	0.1
	· · · · · · · · · · · · · · · · · · ·	6-9 occasions	8	0.1
		10-19 occasions	4	0.0
		20-39 occasions	5	0.1
		40+ occasions	1	0.0
50	yand andativas (transpullizars, such as va	0 occasions	0.001	04.2
50.	used sedatives (tranquilizers, such as va- lium or xanax, barbiturates, or sleeping		9,881	94.2
	pills) without a doctor telling you to take	1-2 occasions	261	2.5
	them, in the past year?	3-5 occasions 6-9 occasions	142 79	1.4
		6-9 occasions	79 62	0.8
		20-39 occasions	22	0.6 0.2
		40+ occasions	44	0.2
		TO: UCCASIONS	44	0.4

Question		Response	#	%
51.	used sedatives (tranquilizers, such as va-	0 occasions	10,233	97.4
	lium or xanax, barbiturates, or sleeping	1-2 occasions	164	1.6
	pills) without a doctor telling you to take them, during the past 30 days?	3-5 occasions	51	0.5
		6-9 occasions	27	0.3
		10-19 occasions	16	0.2
		20-39 occasions	11	0.1
		40+ occasions	1	0.0
52.	used heroin or other opiates (codeine, oxycontin) without a doctor telling you to take them, in the past year?	0 occasions	10,274	97.8
		1-2 occasions	93	0.9
		3-5 occasions	44	0.4
		6-9 occasions	24	0.2
		10-19 occasions	28	0.3
		20-39 occasions	12	0.1
		40+ occasions	26	0.3
53.	used heroin or other opiates (codeine, oxycontin) without a doctor telling you to take them, during the past 30 days?	0 occasions	10,394	99.0
		1-2 occasions	61	0.6
		3-5 occasions	14	0.1
		6-9 occasions	13	0.1
		10-19 occasions	8	0.1
		20-39 occasions	4	0.0
		40+ occasions	3	0.0
54.	used DXM (dextromethorphan, drinking cough syrup to get high) in the past year?	0 occasions	10,411	99.2
		1-2 occasions	56	0.5
		3-5 occasions	19	0.2
		6-9 occasions	8	0.1
		10-19 occasions	3	0.0
		20-39 occasions	0	0.0
		40+ occasions	1	0.0
55.	used DXM (dextromethorphan, drinking cough syrup to get high) during the past 30 days?	0 occasions	10,481	99.8
		1-2 occasions	10,461	0.1
		3-5 occasions	2	0.1
		20-39 occasions	1	0.0
		20-39 Occasions	1	0.0

C	Question	Response	#	%
56.	used MDMA ('X', "E", or ecstasy) in the past year?	0 occasions	10,337	98.5
		1-2 occasions	108	1.0
		3-5 occasions	22	0.2
		6-9 occasions	13	0.1
		10-19 occasions	9	0.1
		20-39 occasions	4	0.0
		40+ occasions	3	0.0
57.	used MDMA ('X', "E", or ecstasy) during the past 30 days?	0 occasions	10,440	99.6
		1-2 occasions	36	0.3
		3-5 occasions	3	0.0
		6-9 occasions	1	0.0
		10-19 occasions	3	0.0
		20-39 occasions	1	0.0
58.	used club drugs other than MDMA (such as GHB, rohypnol, or ketamine) in the past year?	0 occasions	10,441	99.6
		1-2 occasions	28	0.3
		3-5 occasions	8	0.1
		6-9 occasions	5	0.0
		10-19 occasions	1	0.0
		20-39 occasions	1	0.0
		40+ occasions	1	0.0
59.	used club drugs other than MDMA (such as GHB, rohypnol, or ketamine) during the past 30 days?	0 occasions	10,489	99.9
		1-2 occasions	6	0.1
		3-5 occasions	1	0.0
		6-9 occasions	1	0.0
		20-39 occasions	1	0.0
60.	Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?	Never	9,289	88.4
		Once or twice	758	7.2
		Once in a while but not regularly	215	2.1
		Regularly in the past	180	1.7
		Regularly now	69	0.7

Question		Response	#	%
61.	How often have you taken smokeless tobacco during the past 30 days?	Not at all	10,347	98.4
		Once or twice	72	0.7
		Once or twice per week	20	0.2
		Three to five times per week	7	0.1
		About once per day	13	0.1
		More than once a day	56	0.5
62.	Have you ever smoked cigarettes?	Never	7,209	68.7
		Once or twice	1,373	13.1
		Once in a while but not regularly	713	6.8
		Regularly in the past	760	7.2
		Regularly now	445	4.2
63.	How frequently have you smoked cigarettes during the past 30 days?	Not at all	9,693	92.1
		Less than one cigarette per day	311	3.0
		1-5 cigarettes per day	225	2.1
		About one-half pack per day	166	1.6
		About one pack per day	95	0.9
		About 1 and a half packs per day	24	0.2
		2 packs or more per day	6	0.1
64.	During the last month, about how many marijuana cigarettes, or the equivalent, did you smoke a day, on the average? (If you shared them with other people, count only the amount YOU smoked).	None	10,095	95.9
01.		Less than 1 a day	286	2.7
		1 a day	65	0.6
		2-3 a day	53	0.5
		4-6 a day	14	0.1
		7-10 a day	4	0.0
		11 or more a day	9	0.1

Q	uestion	Response	#	%	C	(uestion
65.	Have you ever used prescription drugs to manage pain in a way that was not originally intended by your doctor? (Mark all that apply)	I have used medication for a longer time period than originally intended by my doctor.	758	7.1	b.	have had alcohol
	(магк ан шас арргу)	I have used medication at a higher dosage than originally intended by my doctor.	742	6.9		
		I have used pain medication for an unrelated injury, pain, or problem.	1,257	11.8		
		I have used someone else's prescription.	1,447	13.5	c.	have used marijua
		I used prescription drugs as prescribed.	7,531	70.5		, and the second
66.	Have you ever obtained prescription drugs for non-medical reasons, such as to get high, relax, improve mood, or	I have obtained prescription drugs over the internet.	107	1.0		
	socialize with friends; or to manage pain in a way that was not originally intended by your doctor (for example, for a longer time period, at a higher dose, or for an unrelated injury)? (Mark all that apply)	I have lied to obtain prescription drugs.	92	0.9		
		I have had more than one doctor at the same time for the purpose of getting multiple prescriptions of the same drug.	26	0.2	d.	have used an illeg marijuana)?
		I have taken someone else's prescription.	1,100	10.3		
		I obtain and use prescription drugs appropriately.	7,663	71.7		
67.	Students have different ideas of what OTI do you think is the percentage of students YEAR:					
a.	have used tobacco products?	None	615	5.9	e.	have used prescrip medical reasons?
		5% or less	377	3.6		incarcar reasons.
		6-10%	1,106	10.6		
		11-20%	2,303	22.1		
		21-40%	3,249	31.2		
		41-60%	2,118	20.3		
		61-80%	577	5.5		
		81-100%	65	0.6		

Question	Response	#	%
b. have had alcohol (more than a sip)?	None	587	5.6
	5% or less	151	1.5
	6-10%	353	3.4
	11-20%	1,059	10.2
	21-40%	2,488	23.9
	41-60%	3,211	30.9
	61-80%	2,194	21.1
	81-100%	358	3.4
c. have used marijuana?	None	664	6.4
c. nave used manguana:	5% or less	965	9.3
	6-10%	1,924	18.5
	11-20%	2,619	25.2
	21-40%	2,504	24.1
	41-60%	1,272	12.3
	61-80%	377	3.6
	81-100%	63	0.6
	01-100/0	03	0.0
d. have used an illegal drug (not including	None	696	6.7
marijuana)?	5% or less	1,969	19.0
	6-10%	2,558	24.7
	11-20%	2,559	24.7
	21-40%	1,659	16.0
	41-60%	695	6.7
	61-80%	214	2.1
	81-100%	28	0.3
	N	(02	6.7
e. have used prescription drugs for non- medical reasons?	None	693	6.7
	5% or less	1,038	10.0
	6-10%	1,675	16.1
	11-20%	2,093	20.1
	21-40%	2,128	20.5
	41-60%	1,634	15.7
	61-80%	977	9.4
	81-100%	161	1.5

Q	uestion	Response	#	%
68.	Have any of your family had alcohol or o	ther drug problems:		
a.	father	No	8,656	85.7
		Yes	1,439	14.3
b.	mother	No	9,442	94.0
		Yes	604	6.0
C.	brother(s)/sister(s)	No	7,732	76.0
		Yes	2,435	24.0
d	other relative(s)	No	5 141	50.2
d.	other relative(s)	Yes	5,141	49.8
		ies	5,097	49.8
69.	How often have you experienced the follouse during the last year:	owing due to your drinking or drug		
a.	had a hangover	Never	8,210	79.8
		Once	617	6.0
		Twice	455	4.4
		3 to 5 times	459	4.5
		6 to 9 times	210	2.0
		10 or more times	337	3.3
b.	performed poorly on a test or important project	Never	9,493	92.4
	project	Once	313	3.0
		Twice	212	2.1
		3 to 5 times	182	1.8
		6 to 9 times	39	0.4
		10 or more times	40	0.4
	1 2 4 11 21 2	N.	0.070	07.0
c.	been in trouble with police, residence hall, or other college authorities	Never	9,978	97.0
	, or other corrego administration	Once	210	2.0
		Twice	58	0.6
		3 to 5 times	28	0.3
		6 to 9 times	6	0.1
		10 or more times	9	0.1

Qı	uestion	Response	#	%
d.	damaged property, pulled fire alarm, etc.	Never	10,151	98.8
		Once	63	0.6
		Twice	26	0.3
		3 to 5 times	18	0.2
		6 to 9 times	3	0.0
		10 or more times	13	0.1
e.	got into an argument or fight	Never	9,253	90.1
		Once	407	4.0
		Twice	288	2.8
		3 to 5 times	178	1.7
		6 to 9 times	57	0.6
		10 or more times	84	0.8
f.	got nauseated or vomited	Never	8,506	82.8
		Once	771	7.5
		Twice	462	4.5
		3 to 5 times	346	3.4
		6 to 9 times	80	0.8
		10 or more times	104	1.0
g.	driven a car while under the influence	Never	9,353	91.1
		Once	358	3.5
		Twice	196	1.9
		3 to 5 times	191	1.9
		6 to 9 times	48	0.5
		10 or more times	121	1.2
1.	missed a class	Never	9,283	90.5
		Once	267	2.6
		Twice	239	2.3
		3 to 5 times	278	2.7
		6 to 9 times	82	0.8
		10 or more times	105	1.0

Question	Response	#	%	(Question	Response	#	%
i. been criticized by someone I know	Never	9,057	88.3	n.	have been taken advantage of sexually	Never	9,833	95.9
•	Once	431	4.2			Once	255	2.5
	Twice	286	2.8			Twice	71	0.7
	3 to 5 times	265	2.6			3 to 5 times	47	0.5
	6 to 9 times	59	0.6			6 to 9 times	8	0.1
	10 or more times	157	1.5			10 or more times	34	0.3
j. thought I might have a drinking or other	Never	9,781	95.4	0.		Never	10,121	98.8
drug problem	Once	151	1.5		ally	Once	76	0.7
	Twice	116	1.1			Twice	16	0.2
	3 to 5 times	92	0.9			3 to 5 times	12	0.1
	6 to 9 times	23	0.2			6 to 9 times	3	0.0
	10 or more times	94	0.9			10 or more times	13	0.1
k. had a memory loss	Never	9,270	90.4	p.	tried unsuccessfully to stop using	Never	9,981	97.4
	Once	357	3.5			Once	95	0.9
	Twice	238	2.3			Twice	70	0.7
	3 to 5 times	182	1.8			3 to 5 times	52	0.5
	6 to 9 times	67	0.7			6 to 9 times	10	0.1
	10 or more times	137	1.3			10 or more times	38	0.4
l. done something I later regretted	Never	8,863	86.5	q.	seriously though about suicide	Never	9,872	96.4
	Once	571	5.6			Once	149	1.5
	Twice	350	3.4			Twice	86	0.8
	3 to 5 times	261	2.5			3 to 5 times	60	0.6
	6 to 9 times	65	0.6			6 to 9 times	12	0.1
	10 or more times	138	1.4			10 or more times	57	0.6
m. been arrested for DWI/DUI	Never	10,192	99.4	r.	seriously tried to commit suicide	Never	10,142	99.0
	Once	56	0.5			Once	57	0.6
	Twice	4	0.0			Twice	23	0.2
	3 to 5 times	3	0.0			3 to 5 times	12	0.1
	10 or more times	0	0.0			6 to 9 times	2	0.0
						10 or more times	7	0.1

Q	uestion	Response	#	%
S.	been hurt or injured	Never	9,677	94.4
		Once	265	2.6
		Twice	178	1.7
		3 to 5 times	89	0.9
		6 to 9 times	17	0.2
		10 or more times	31	0.3
70.	Within the last year to what extent have y lowing activities?	ou participated in any of the fol-		
a.	intercollegiate athletics	Not involved	7,041	67.5
		Attended	2,709	26.0
		Active involvement (non-leader)	539	5.2
		Leadership position	145	1.4
b.	intramural or club sports	Not involved	7,635	73.2
		Attended	1,337	12.8
		Active involvement (non-leader)	1,192	11.4
		Leadership position	266	2.6
c.	social fraternities or sororities	Not involved	9,441	90.9
		Attended	532	5.1
		Active involvement (non-leader)	262	2.5
		Leadership position	155	1.5
d.	religious and interfaith groups	Not involved	3,458	33.2
		Attended	2,170	20.8
		Active involvement (non-leader)	2,910	28.0
		Leadership position	1,873	18.0
e.	international and language groups	Not involved	8,961	86.2
		Attended	888	8.5
		Active involvement (non-leader)	421	4.0
		Leadership position	122	1.2

Q	uestion	Response	#	%
f.	minority and ethnic organizations	Not involved	9,426	90.7
		Attended	701	6.7
		Active involvement (non-leader)	198	1.9
		Leadership position	63	0.6
g.	political and social action groups	Not involved	8,616	83.0
		Attended	1,179	11.4
		Active involvement (non-leader)	388	3.7
		Leadership position	195	1.9
h.	music and other performing arts groups	Not involved	5,963	57.4
		Attended	2,952	28.4
		Active involvement (non-leader)	1,159	11.2
		Leadership position	318	3.1
i.	student newspaper, radio, TV, magazine,	Not involved	8,826	85.2
	etc.	Attended	1,165	11.2
		Active involvement (non-leader)	288	2.8
		Leadership position	86	0.8
j.	volunteer time to help others	Not involved	4,201	40.4
	-	Attended	2,839	27.3
		Active involvement (non-leader)	2,640	25.4
		Leadership position	727	7.0
71.	How do you think your close friends feel	(or would feel) about you:		
a.	trying marijuana once or twice	Don't disapprove	2,196	21.1
		Disapprove	2,094	20.1
		Strongly disapprove	6,137	58.9
b.	smoking marijuana occasionally	Don't disapprove	1,716	16.5
		Disapprove	1,850	17.7
		Strongly disapprove	6,858	65.8

Q	uestion	Response	#	%
c.	smoking marijuana regularly	Don't disapprove	988	9.5
		Disapprove	1,717	16.5
		Strongly disapprove	7,709	74.0
d.	trying cocaine once or twice	Don't disapprove	704	6.8
		Disapprove	1,520	14.6
		Strongly disapprove	8,171	78.6
e.	taking cocaine regularly	Don't disapprove	342	3.3
	5 5 3	Disapprove	1,140	10.9
		Strongly disapprove	8,939	85.8
f.	trying LSD once or twice	Don't disapprove	782	7.5
		Disapprove	1,337	12.8
		Strongly disapprove	8,295	79.7
g.	taking LSD regularly	Don't disapprove	358	3.4
		Disapprove	1,155	11.1
		Strongly disapprove	8,895	85.5
h.	trying amphetamines once or twice	Don't disapprove	654	6.3
11.	trying amphetamines once of twice	Disapprove	1,503	14.5
		Strongly disapprove	8,222	79.2
		Suongry disapprove	0,222	77.2
i.	taking amphetamines regularly	Don't disapprove	338	3.3
		Disapprove	1,179	11.3
		Strongly disapprove	8,873	85.4
j.	taking one or two drinks on an alcoholic	Don't disapprove	2,048	19.7
J.	beverage (beer, wine, liquor) nearly	Disapprove	2,006	19.3
	every day	Strongly disapprove	6,352	61.0
		Swongry disapprove	0,332	01.0
k.	taking four or five drinks nearly every	Don't disapprove	819	7.9
	day	Disapprove	1,815	17.4
		Strongly disapprove	7,781	74.7

Q	uestion	Response	#	%
1.	having five or more drinks in one sitting	Don't disapprove	1,699	16.3
		Disapprove	1,473	14.2
		Strongly disapprove	7,222	69.5
m.	using tobacco regularly	Don't disapprove	1,272	12.2
		Disapprove	1,881	18.1
		Strongly disapprove	7,250	69.7
n.	taking steroids for body building or improved athletic performance	Don't disapprove	596	5.7
	improved atmene performance	Disapprove	1,985	19.1
		Strongly disapprove	7,829	75.2
72	De soon heliesse that also hel has the falles			
72. a.	Do you believe that alcohol has the follow breaks the ices	No	6,403	61.7
a.	breaks the ices	Yes	3,982	38.3
		105	3,962	36.3
b.	enhances social activity	No	6,609	63.6
		Yes	3,788	36.4
			,	
c.	makes it easier to deal with stress	No	8,185	78.8
		Yes	2,197	21.2
d.	facilitates a connection with peers	No	7,399	71.4
		Yes	2,965	28.6
e.	gives people something to talk about	No	6,168	59.4
		Yes	4,212	40.6
f.	facilitates male bonding	No	7,470	72.2
		Yes	2,883	27.9
	C 774 C 1 1 7	M	0.270	70.0
g.	facilitates female bonding	No V	8,270	79.9
		Yes	2,086	20.1
h.	allows neanly to have more fur	No	7.619	73.6
11.	allows people to have more fun	Yes	7,618 2,739	26.4
		100	4,139	20.4

Q	uestion	Response	#	%
i.	gives people something to do	No	5,382	52.0
		Yes	4,973	48.0
j.	makes food taste better	No	9,495	91.9
		Yes	842	8.1
		N.	0.540	04.6
k.	makes women sexier	No V	8,749	84.6 15.4
		Yes	1,594	13.4
1.	makes men sexier	No	9,358	90.6
		Yes	968	9.4
m.	makes me sexier	No	9,588	92.9
		Yes	736	7.1
n.	facilitates sexual opportunities	No	6,155	59.6
		Yes	4,179	40.4
73.	Campus environment:			
a.	does the social atmosphere on this cam-	No	9,000	87.5
	pus promote alcohol use?	Yes	1,287	12.5
b.	does the social atmosphere promote	No	9,625	93.7
	other drug use?	Yes	650	6.3
c.	do you feel safe on this campus?	No	787	7.6
		Yes	9,584	92.4
74.	On this campus, is drinking a central part	in the social life of the following		
	groups:	, , , , , , , , , , , , , , , , , , ,		
a.	male students	No	6,600	66.9
		Yes	3,267	33.1
1.	famala atudanta	Ma	7 002	00.1
b.	female students	No Yes	7,883 1,955	80.1 19.9
		103	1,933	17.7
c.	faculty/staff	No	8,922	90.8
	•	Yes	899	9.2

Qı	uestion	Response	#	%
d.	alumni	No	8,782	90.0
		Yes	974	10.0
e.	athletes	No	6,692	68.6
		Yes	3,067	31.4
f.	fraternities	No	4,348	44.7
		Yes	5,385	55.3
		N.		52.0
g.	sororities	No	5,210	53.8
		Yes	4,479	46.2
75.	To what extent has your alcohol use	Increased	430	4.1
75.	changed within the last 12 months?	About the same	1,347	12.9
		Decreased	1,216	11.7
		I do not use	7,431	71.3
76.	To what extent has your illegal drug use	Increased	145	1.4
	changed within the last 12 months?	About the same	396	3.8
		Decreased	444	4.3
		I do not use	9,428	90.5
77.	To what extent do you agree with the follo			
a.	I feel valued as a person on this campus	Strongly agree	1,192	11.4
		Agree	3,712	35.6
		Neutral	4,326	41.5
		Disagree Strongly disagree	835	8.0
		Strongly disagree	348	3.3
b.	I feel that faculty and staff care about me	Strongly agree	1,298	12.5
	as a student	Agree	4,903	47.1
		Neutral	3,094	29.7
		Disagree	856	8.2
		Strongly disagree	268	2.6

Q	uestion	Response	#	%	
c.	I have the responsibility to contribute to	Strongly agree	1,552	14.9	
	the well-being of other students	Agree	4,819	46.3	
		Neutral	3,347	32.2	
		Disagree	516	5.0	
		Strongly disagree	169	1.6	
d.	my campus encourages me to help oth-	Strongly agree	988	9.5	
٠.	ers in need	Agree	3,833	36.9	
		Neutral	4,332	41.7	
		Disagree	1,002	9.6	
		Strongly disagree	240	2.3	
e.	I abide by the university policy and regulations that concern alcohol and other drug use	Strongly agree	6,171	59.4	
		Agree	2,511	24.2	
		Neutral	1,281	12.3	
		Disagree	259	2.5	
		Strongly disagree	163	1.6	
f.	drug and alcohol use are a normal part of college life	Strongly agree	471	4.5	
		Agree	1,946	18.7	
		Neutral	2,943	28.3	
		Disagree	2,360	22.7	
		Strongly disagree	2,676	25.7	
78.	In the last month, have you provided or	Never	9,619	92.4	
	served alcohol to a person younger than	Once or Twice	513	4.9	
	age 21?	Three or more times	276	2.7	
79.	9. In which of the following pages do other students' drinking interfere with your life on or around campus?				
a.	interrupts your studying	No	8,460	83.4	
		Yes	1,690	16.6	
b.	makes you unsafe	No	7,362	72.6	
υ.	makes you unsure	Yes	2,775	27.4	
			2,773	27.7	

Q	uestion	Response	#	%
c.	messes up your physical living space	No	8,558	85.0
	(cleanliness, neatness, organization, etc.)	Yes	1,516	15.0
			Ź	
d.	adversely affects your involvement on	No	8,855	88.0
	an athletic team or in other organized	Yes	1,202	12.0
	groups			
e.	prevents you from enjoying events (con-	No	7,798	77.1
٥.	certs, sports, social activities, etc.)	Yes	2,315	22.9
			2,515	,
f.	interferes in other way(s)	No	7,363	73.2
	3.7	Yes	2,689	26.8
g.	doesn't interfere with my life	No	4,575	45.7
		Yes	5,442	54.3
80.	In the past 12 months, have you spent more you intended?	re time using alcohol or drugs than		
	Alcohol	No	9,683	95.1
		Yes	504	4.9
	Drugs	No	9,835	97.5
		Yes	253	2.5
81.	In the past 12 months, have you neglected ties because of using alcohol or drugs?	some of your usual responsibili-		
	Alcohol	No	9,632	95.0
		Yes	503	5.0
	Drugs	No	9,801	97.6
		Yes	238	2.4
82.	In the past 12 months, have you wanted to use?	o cut down on your alcohol or drug		
	Alcohol	No	9,032	92.2
		Yes	763	7.8
	Drugs	No	9,202	95.4
		Yes	446	4.6

Q	uestion	Response	#	%
83.	In the past 12 months, has anyone objected	d to your alcohol or drug use?		
	Alcohol	No	8,963	92.6
		Yes	713	7.4
	Drugs	No	9,176	96.2
		Yes	363	3.8
84.	In the past 12 months, did you frequently alcohol or drugs?	find yourself thinking about using		
	Alcohol	No	8,980	89.5
		Yes	1,048	10.5
	Drugs	No	9,372	94.8
		Yes	519	5.2
85.	In the past 12 months, did you use alcohol as sadness, anger, or boredom?	or drugs to relieve feelings such		
	Alcohol	No	8,775	87.4
		Yes	1,266	12.6
	Drugs	No	9,452	95.2
		Yes	477	4.8
86.	If you wanted to get some beer, wine	Very Hard	607	6.0
	or hard liquor (for example, vodka,	Sort of Hard	780	7.7
	whiskey, or gin), how easy would it e for you to get some?	Sort of Easy	1,945	19.3
	,	Very Easy	6,758	67.0
87.	If you wanted to get some marijuana,	Very Hard	2,497	24.9
	how easy would it be for you to get some?	Sort of Hard	2,585	25.8
		Sort of Easy	2,897	28.9
		Very Easy	2,037	20.3
88.	If you wanted to get a drug like ecceins	Vory Hard	4 500	45.2
00.	If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would	Very Hard Sort of Hard	4,508 3,052	30.6
	it be for you to get some?	Sort of Fasy	1,707	17.1
		Very Easy	700	7.0
		,	, 00	,.0

Q	uestion	Response	#	%
89.	If you wanted to get some prescription	Very Hard	2,638	26.4
	drugs for non-medical reasons, how easy would it be for you to get some?	Sort of Hard	2,680	26.8
	would it be for you to get some?	Sort of Easy	2,640	26.4
		Very Easy	2,027	20.3
90.	How often do you feel that the school	Never	153	1.5
	work you are assigned is meaningful and important?	Seldom	913	9.0
	•	Sometimes	3,181	31.3
		Often	3,983	39.2
		Almost always	1,934	19.0
91.	How interesting are most of your courses to you?	Very interesting/stimulating	1,999	19.4
		Quite interesting	4,609	44.6
		Fairly interesting	2,862	27.7
		Slightly interesting	669	6.5
		Very dull	185	1.8
92.	During the past year, how did you usually get beer, wine, or hard liquor (select only one response)?	I did not drink beer, wine or hard liquor during the past year	7,125	70.5
		I bought them in a liquor store	1,649	16.3
		I gave someone else money to buy them for me	324	3.2
		I had them at a party	497	4.9
		I had them at home	184	1.8
		A person 21+ gave them to me	240	2.4
		I took them from a family member	20	0.2
		I got them in some other way	67	0.7
93.	How wrong do you think it is for someone	e your age to:		
a.	drink beer, wine, or hard liquor (for ex-	Very wrong	3,718	36.4
	ample, vodka, whiskey or gin) regularly, that is, at least once or twice a month?	Wrong	2,155	21.1
		A little bit wrong	1,346	13.2
		Not at all wrong	3,005	29.4

Q	uestion	Response	#	%
b.	smoke cigarettes?	Very wrong	4,697	46.0
		Wrong	2,589	25.4
		A little bit wrong	1,267	12.4
		Not at all wrong	1,659	16.2
c.	smoke marijuana?	Very wrong	6,147	60.2
		Wrong	2,140	20.9
		A little bit wrong	1,066	10.4
		Not at all wrong	862	8.4
d.	d. use LSD, cocaine, amphetamines or another illegal drug?	Very wrong	8,405	82.1
		Wrong	1,294	12.6
		A little bit wrong	309	3.0
		Not at all wrong	227	2.2
94.	How much do you think people risk harn	ning themselves (physically or in		
	other ways) if they:			
a.	smoke one or more packs of cigarettes	No risk	91	0.9
	per day?	Slight risk	256	2.5
		Moderate risk	1,261	12.3
		Great risk	8,641	84.3
b.	try marijuana once or twice?	No risk	1,483	14.5
		Slight risk	2,491	24.4
		Moderate risk	2,178	21.3
		Great risk	4,074	39.8
c.	smoke marijuana regularly?	No risk	178	1.8
		Slight risk	887	8.7
		Moderate risk	2,110	20.7
		Great risk	7,008	68.8
d.	take one or two drinks of an alcoholic	No risk	529	5.2
u.	beverage (beer, wine, liquor) nearly	Slight risk	1,580	15.5
	every day?	Moderate risk	2,853	27.9
		Great risk	5,246	51.4
		Great fisk	3,240	31.4

Q	uestion	Response	#	%
e.	take five or more drinks in one sitting?	No risk	157	1.5
		Slight risk	656	6.4
		Moderate risk	1,524	14.9
		Great risk	7,893	77.2
95.	At what age did you first use:			
a.	alcoholic beverages (including beer,	Did not use	5,735	55.8
	wine, or hard liquor)	Under 10	175	1.7
		10-11	123	1.2
		12-13	518	5.0
		14-15	991	9.6
		16-17	1,226	11.9
		18-20	1,092	10.6
		21-25	378	3.7
		26+	31	0.3
b.	marijuana (grass, pot) or hashish (hash,	Did not use	7,565	73.7
	hash oil)	Under 10	26	0.3
		10-11	34	0.3
		12-13	287	2.8
		14-15	668	6.5
		16-17	849	8.3
		18-20	634	6.2
		21-25	164	1.6
		26+	39	0.4
c.	LSD or other psychedelics	Did not use	9,355	91.2
		Under 10	4	0.0
		10-11	1	0.0
		12-13	43	0.4
		14-15	184	1.8
		16-17	329	3.2
		18-20	256	2.5
		21-25	68	0.7
		26+	12	0.1

Q	uestion	Response	#	%
d.	cocaine or crack	Did not use	9,515	93.0
		Under 10	1	0.0
		10-11	2	0.0
		12-13	21	0.2
		14-15	67	0.7
		16-17	187	1.8
		18-20	280	2.7
		21-25	122	1.2
		26+	29	0.3
e.	inhalants, sniffed glue, breathed the	Did not use	9,557	93.4
	contents of an aerosol spray can, or inhaled other gases or sprays (nitrous or	Under 10	32	0.3
	poppers), in order to get high	10-11	32	0.3
		12-13	139	1.4
		14-15	176	1.7
		16-17	163	1.6
		18-20	103	1.0
		21-25	28	0.3
		26+	3	0.0
f.	phenoxydine (pox, px, breeze)	Did not use	10,240	100.0
g.	stimulants (amphetamines, meth, crystal,	Did not use	9,600	93.9
	Ritalin, Dexedrine) without a doctor telling you to take them	Under 10	3	0.0
	terming you to take them	10-11	6	0.1
		12-13	21	0.2
		14-15	111	1.1
		16-17	199	2.0
		18-20	197	1.9
		21-25	65	0.6
		26+	20	0.2

sedatives (tranquilizers, such as valium	Did not use	9,326	91.1
	Under 10	12	0.1
without a doctor terming you to take them	10-11	2	0.0
	12-13	35	0.3
	14-15	115	1.1
	16-17	262	2.6
	18-20	275	2.7
	21-25	155	1.5
	26+	56	0.5
heroin or other opiates (codeine, oxycontin) without a doctor telling you to take them	Did not use	9,744	95.2
	Under 10	3	0.0
	10-11	4	0.0
	12-13	14	0.1
	14-15	59	0.6
	16-17	126	1.2
	18-20	168	1.6
	21-25	86	0.8
	26+	29	0.3
DXM (dextromethorphan, drinking	Did not use	9,889	96.6
cough syrup to get high)	Under 10	4	0.0
	10-11	5	0.1
	12-13	27	0.3
	14-15	63	0.6
	16-17	136	1.3
	18-20	75	0.7
	21-25	25	0.2
	26+	7	0.1
	or xanax, barbiturates, or sleeping pills) without a doctor telling you to take them heroin or other opiates (codeine, oxycontin) without a doctor telling you to take them	or xanax, barbiturates, or sleeping pills) without a doctor telling you to take them 10-11 12-13 14-15 16-17 18-20 21-25 26+ heroin or other opiates (codeine, oxycontin) without a doctor telling you to take them Did not use Under 10 10-11 12-13 14-15 16-17 18-20 21-25 26+ DXM (dextromethorphan, drinking cough syrup to get high) Did not use Under 10 10-11 12-13 14-15 16-17 18-20 21-25 26+	or xanax, barbiturates, or sleeping pills) without a doctor telling you to take them Under 10 12 10-11 2 12-13 35 14-15 115 16-17 262 18-20 275 21-25 155 26+ 56 heroin or other opiates (codeine, oxycontin) without a doctor telling you to take them Under 10 3 10-11 4 12-13 14 14-15 59 16-17 126 18-20 168 21-25 86 26+ 29 DXM (dextromethorphan, drinking cough syrup to get high) Did not use 9,889 Under 10 4 10-11 5 12-13 27 14-15 63 16-17 136 16-17 136 16-17 136 18-20 75 21-25 25

Q	uestion	Response	#	%
k.	MDMA ('X', 'E', or ecstasy)	Did not use	9,746	95.2
		Under 10	2	0.0
		10-11	4	0.0
		12-13	1	0.0
		14-15	35	0.3
		16-17	129	1.3
		18-20	191	1.9
		21-25	106	1.0
		26+	20	0.2
1.	club drugs other than MDMA (such as	Did not use	10,031	98.1
	GHB, rohypnol, or ketamine)	Under 10	3	0.0
		10-11	2	0.0
		12-13	3	0.0
		14-15	14	0.1
		16-17	48	0.5
		18-20	87	0.9
		21-25	35	0.3
		26+	8	0.1
96.	I do the opposite of what people tell me,	Very false	6,027	58.6
	just to get them mad.	Somewhat false	2,589	25.2
		Somewhat true	1,596	15.5
		Very true	72	0.7
97.	I like to see how much I can get away	Very false	5,635	54.8
	with.	Somewhat false	2,668	26.0
		Somewhat true	1,807	17.6
		Very true	171	1.7
98.	I ignore rules that get in my way.	Very false	5,696	55.4
		Somewhat false	2,911	28.3
		Somewhat true	1,527	14.9
		Very true	142	1.4

Q	uestion	Response	#	%
99.	How many different sexual partners have you had in the past year (if less than 10, code answers as 00, 01, 02, etc.)?	Average number of sexual partners:		1.0
100.	How often did you or your partner use a	Not sexually active	4,980	48.8
	condom in the past year?	Never	2,206	21.6
		Sometimes	1,373	13.5
		Mostly	759	7.4
		Always	885	8.7
101.	Sometimes I think that life in not worth	Definitely true	323	3.2
	it.	Mostly true	441	4.3
		Mostly not true	2,193	21.4
		Definitely not true	7,292	71.1
102.	At times I think I am no good at all.	Definitely true	331	3.2
		Mostly true	681	6.7
		Mostly not true	3,699	36.2
		Definitely not true	5,520	54.0
103.	All in all, I am inclined to think that I	Definitely true	204	2.0
	am a failure.	Mostly true	561	5.5
		Mostly not true	2,519	24.6
		Definitely not true	6,953	67.9
104.	In the past year, have you felt depressed	Definitely true	521	5.1
	or sad MOST days, even if you felt OK sometimes?	Mostly true	1,135	11.1
	sometimes:	Mostly not true	3,024	29.5
		Definitely not true	5,570	54.3
105.	How often do you wear a seatbelt when	Never	156	1.5
	riding in a car driven by someone else?	Rarely	377	3.7
		Sometimes	593	5.8
		Most of the time	2,481	24.1
		Always	6,700	65.0

Question Response	#	%
106. How often do you wear a seatbelt when Never	190	1.9
driving a car? Rarely	378	3.7
Sometimes	486	4.7
Most of the time	1,595	15.5
Always	7,638	74.2
107. During the past month did you eat less No	5,745	55.9
107. During the past month did you eat less food, fewer calories, or foods low in fat	4,535	44.1
to lose weight or to keep from gaining weight?	4,333	44.1
108. On how many of the past 7 days did you 0 days	2,223	21.7
exercise or participate in physical activ-	1,400	13.6
ity for a total of at least 30 minutes that made you sweat or breathe hard, such as 2 days	1,663	16.2
basketball, soccer, running, swimming 3 days	1,921	18.7
laps, fast bicycling, fast dancing, or similar aerobic activities? 4 days	1,229	12.0
5 days	1,017	9.9
6 days	571	5.6
All 7 days	240	2.3
109. In the past 12 months has a doctor, Yes, lose weight	829	8.1
nurse, or other health professional given Yes, gain weight	223	2.2
you advice about your weight? Yes, maintain weight	439	4.3
No	8,787	85.5
110. During the past month, other than your No	4,513	43.9
regular job, did you participate in any	5,768	56.1
physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?	3,700	30.1
111. Do you usually wear a helmet when you do the following:		
a. ride a bicycle Never	3,891	38.1
Rarely	1,466	14.3
Sometimes	1,032	10.1
Most of the time	928	9.1
Always	977	9.6
I do not participate in this acti	vity 1,928	18.9

Question	Response	#	%
b. snow/winter sports	Never	4,551	44.7
	Rarely	880	8.6
	Sometimes	523	5.1
	Most of the time	366	3.6
	Always	513	5.0
	I do not participate in this activity	3,350	32.9
c. water sports (kayaking, windsurfing, etc.)	Never	4,300	42.4
etc.)	Rarely	640	6.3
	Sometimes	336	3.3
	Most of the time	164	1.6
	Always	210	2.1
	I do not participate in this activity	4,502	44.3
d. summer sports not including water	Never	4,131	40.6
sports (skating, rock climbing, etc.)	Rarely	1,022	10.0
	Sometimes	806	7.9
	Most of the time	490	4.8
	Always	434	4.3
	I do not participate in this activity	3,288	32.3
e. motorcycle/scooter riding	Never	1,328	13.0
	Rarely	518	5.1
	Sometimes	723	7.1
	Most of the time	1,066	10.5
	Always	2,257	22.2
	I do not participate in this activity	4,292	42.1

112. During the				%
112. During the	past 12 months, how many	0 times	9,334	90.9
times were	you in a physical fight?	1 time	563	5.5
		2 or 3 times	251	2.4
		4 or 5 times	49	0.5
		6 or 7 times	18	0.2
		8 or 9 times	10	0.1
		10 or 11 times	8	0.1
		12 or more times	35	0.3
	you been feeling during the	In excellent spirits	1,565	15.2
past week or two?	In very good spirits	3,043	29.6	
		In good spirits mostly	3,252	31.7
	I have been up and down in spirits a lot	1,856	18.1	
		In low spirits mostly	412	4.0
		In very low spirits	137	1.3
	been bothered by nervousness ves during the past week or	Extremely so to the point where I could not work or take care of things	170	1.7
		Very much so	686	6.7
		Quite a bit	1,013	9.9
		Some enough to bother me	1,847	18.1
		A little	4,108	40.2
		Not at all	2,406	23.5
115. Have you b	peen in firm control of your	Yes, definitely so	3,412	33.4
	houghts, emotions, or feelings	Yes, for the most part	3,847	37.6
during the	past week or two?	Generally so	2,054	20.1
		Not to well	686	6.7
		No, and I am somewhat disturbed	169	1.6
		No, and I am very disturbed	64	0.6

Question		Response	#	%
116.	Have you felt so sad, discouraged, hopeless or had so many problems that you wondered if anything was worthwhile during the past week or two?	Extremely so to the point that I have just about given up	147	1.4
		Very much so	267	2.6
		Quite a bit	466	4.6
		Some enough to bother me	925	9.1
		A little	2,495	24.5
		Not at all	5,901	57.8
117.	How happy, satisfied, or pleased have you been with your personal life during the past week or two?	Extremely happy could not have been more satisfied or pleased	1,395	13.7
		Very happy	4,038	39.6
		Fairly happy	2,243	22.0
		Satisfied, pleased	985	9.7
		Somewhat dissatisfied	1,204	11.8
		Very dissatisfied	324	3.2
118.	Have you been under or felt you were under any strain, stress, or pressure during the past week or two?	Yes, almost more than I can bear or stand	562	5.5
		Yes, quite a bit of pressure	2,627	25.8
		Yes, some more than usual	2,293	22.5
		Yes, some but about usual	2,626	25.7
		Yes, a little	1,550	15.2
		Not at all	542	5.3
119.	Have you had any reason to wonder if you were losing control over the way you talk, think or feel during the past week or two?	Not at all	6,331	62.2
		Only a little	1,908	18.7
		Some, but not enough to be concerned or worried about	942	9.3
		Some, and I have been a little concerned	714	7.0
		Some, and I am quite concerned	186	1.8
		Yes, very much so and I am very concerned	99	1.0

Q	uestion	Response	#	%
120.	Have you been anxious, worried or upset during the past week or two?	Extremely so, to the point of being sick, or almost sick	370	3.6
		Very much so	749	7.4
		Quite a bit	1,132	11.1
		Some, enough to bother me	1,894	18.6
		A little	4,269	41.9
		Not at all	1,771	17.4
121.	Have you felt down-hearted and blue during the past week or two?	All the time	139	1.4
		Most of the time	344	3.4
		A good bit of the time	723	7.1
		Some of the time	1,659	16.3
		A little of the time	4,270	41.9
		None of the time	3,045	29.9
122.	Have you been feeling emotionally stable and sure of yourself during the past week or two?	All the time	2,309	22.7
		Most of the time	4,385	43.1
		A good bit of the time	1,109	10.9
		Some of the time	1,161	11.4
		A little of the time	777	7.6
		None of the time	432	4.2

Question		Response	#	%
123.	The next questions are about the foods that you usually eat or drink. Please indicate how often you eat or drink each one, for example, 2 per day OR 3 per week, OR 1 per month, and so forth. RECORD ONLY ONE ANSWER FOR EACH QUESTION. Include all food you eat, both at home and away from home.			
a.	How often do you drink fruit juices such as orange, grapefruit, or tomato?	Average per week:	4.71	
b.	Not counting juice, how often do you eat fruit?	Average per week:	7.64	
c.	How often do you eat green salad?	Average per week:	3.52	
d.	How often do you eat potatoes not including french fries, fried potatoes, or potato chips?	Average per week:	3.05	
e.	How often do you eat carrots?	Average per week:	3.12	